

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077226

FILED  
May 04, 2010  
Secretary of State

**Entity Name:** NEW LIFE PARALEGAL AND FINANCIAL SERVICES, L.L.C.

**Current Principal Place of Business:**

1221 22ND STREET SOUTH  
SUITE C  
ST. PETERSBURG, FL 33712 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 15361  
ST. PETERSBURG, FL 33733 US

**New Mailing Address:**

FEI Number: 25-1903925      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SANDERS, KIMBERLY D  
1221 22ND STREET SOUTH  
SUITE C  
ST. PETERSBURG, FL 33712 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SANDERS, KIMBERLY D  
Address: 1221 22ND STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: MGRM  
Name: JOHNSON, CHRISTIAN J  
Address: POST OFFICE BOX 15361  
City-St-Zip: ST. PETERSBURG, FL 33733 US

Title: MGR  
Name: DENMARK-ADKINS, MICHELLE N  
Address: 1035 QUEEN STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: MGR  
Name: DENMARK, DENNIS C II  
Address: 19221 BRETTON DRIVE  
City-St-Zip: DETROIT, MI 48223 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIMBERLY D SANDERS

MGRM

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date