

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000077226

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

**Current Principal Place of Business:**

11505 MOUNTAIN BAY DRIVE  
RIVERVIEW, FL 33569

**Current Mailing Address:**

POST OFFICE BOX 15361  
ST. PETERSBURG, FL 33733 US

**FEI Number: 25-1903925**

**Certificate of Status Desired: No**

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

SANDERS, KIMBERLY D  
11505 MOUNTAIN BAY DRIVE  
RIVERVIEW, FL 33569 US

**FILED**  
**May 01, 2013**  
**Secretary of State**  
**CC1086264569**

**FILING CANCELLED**  
**RETURNED CHECK**

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name SANDERS, KIMBERLY D  
Address POST OFFICE BOX 15361  
City-State-Zip: ST. PETERSBURG FL 33733

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

Title MGR  
Name DENMARK-ADKINS, MICHELLE N  
Address POST OFFICE BOX 15361  
City-State-Zip: ST. PETERSBURG FL 33733

Title MGR  
Name DENMARK, DENNIS CII  
Address POST OFFICE BOX 15361  
City-State-Zip: ST. PETERSBURG FL 33733

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KIMBERLY D. SANDERS**

**MGRM**

**05/01/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date