

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000090039

Entity Name: LIFEWAY PROGRAMS LLC

Current Principal Place of Business:

15300 SW 288 STREET
HOMESTEAD, FL 33033

Current Mailing Address:

30722 SW 149 PLACE
HOMESTEAD, FL 33033 US

FEI Number: 27-4624488

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LIMA, MAYELIN
30722 SW 149 PLACE
HOMESTEAD, FL 33033 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

Authorized Person(s) Detail :

Title PRESIDENT
Name LIMA, MAYELIN
Address 30722 SW 149 PLACE
City-State-Zip: HOMESTEAD FL 33033

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAYELIN LIMA

PRESIDENT

01/22/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date