

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000011514

**Entity Name:** LIFESTYLE EVOLUTION LLC

**Current Principal Place of Business:**

9631 FENROSE TERRACE  
ORLANDO, FL 32827

**Current Mailing Address:**

PO BOX 607105  
ORLANDO, FL 32860 US

**FEI Number:** 46-1920750

**Certificate of Status Desired:** Yes

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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	MGR	Title	S
Name	EVANS, YOLANDA	Name	EVANS, YOLANDA
Address	PO BOX 607105	Address	PO BOX 607105
City-State-Zip:	ORLANDO FL 32860	City-State-Zip:	ORLANDO FL 32860

*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:** YOLANDA T EVANS

**MANAGER**

**09/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date