

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000107230

**Entity Name:** DROPS OF LIFE CENTER FOR EDUCATION AND RESEARCH  
LLC

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC5565771228**

**Current Principal Place of Business:**

1561 ATLANTIC BLVD  
NEPTUNE BEACH, FL 32266

**Current Mailing Address:**

1561 ATLANTIC BLVD  
NEPTUNE BEACH, FL 32266 US

**FEI Number:** 46-3293052

**Certificate of Status Desired:** No

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

HICKS, ELENA L  
1561 ATLANTIC BLVD  
NEPTUNE BEACH, FL 32266 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  
Name HICKS, ELENA L  
Address 1561 ATLANTIC BLVD  
City-State-Zip: NEPTUNE BEACH FL 32266

*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:** ELENA L HICKS

**MGR**

**04/23/2015**

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

\_\_\_\_\_  
Date