LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90408 033 ****50.00

DOCUMENT # L00000015474

1. Entity Name
Quality Life LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1301 S.W. 117Th WAY	
Suite, Apt. #, etc. Fort Lauderdale	Suite, Apt. #, etc.
City & State Florida	City & State
Zip 33325 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Ave.
City Coral Gables FL Zip Code 33134

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	CEO	TITLE	
NAME	CHRISTIANE BERNARD	NAME	
STREET ADDRESS	1301 S.W. 117th Way	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL. 33325.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Chris Bernard 04-14-03 954-701-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #