

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90188 012 ****50.00

DOCUMENT # L01000004903

1. Entity Name

LIFE LINE WELLNESS & LONGEVITY CENTER, LLC

Principal Place of Business

**3701 CORTEZ ROAD
 BRADENTON FL 34210**

Mailing Address

**P.O. BOX 14056
 BRADENTON FL 34280**

934739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2225 59 St W.

3. Mailing Address

PO Box 14847

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34209

Country

Manatee

Zip

34280

Country

Manatee

4. FEI Number

65-1090214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PREWETT, DANIEL L
 5777 BENEVA ROAD SOUTH
 SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **ARROJO, GUSTAVO B**
 STREET ADDRESS **P.O. BOX 14056**
 CITY-ST-ZIP **BRADENTON FL 34280**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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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

GUSTAVO ARROJO
Managing Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/16/02 941-761-3777

Daytime Phone #

CR2E083 (9/01)