


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90036 049 ****50.00

DOCUMENT # L01000004903	
1. Entity Name LIFE LINE WELLNESS & LONGEVITY CENTER, LLC	

Principal Place of Business 2225 59 S.W. B BRADENTON, FL 34209	Mailing Address PO BOX 14847 BRADENTON, FL 34280
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4162004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1090214

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

Applied For
☐ **Not Applicable**

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 GUSTAVO ARROJO	
Street Address (P.O. Box Number is Not Acceptable) 2225 59th St. W. Suite B	
City BRADENTON	FL 34209

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 *Gustavo Arrojo* DATE **4/19/04**

(NOTE: Registered Agent signature required when reinstalling)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARROJO, GUSTAVO B P.O. BOX 14056 BRADENTON, FL 34280 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARROJO, MARTA PO BOX 14847 BRADENTON, FL 34280 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marta Arrojo* **MARTA ARROJO** **4/19/04 (941) 761-3777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #