

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004903

FILED
Apr 13, 2007
Secretary of State

Entity Name: LIFE LINE WELLNESS & LONGEVITY CENTER, LLC

Current Principal Place of Business:

2109 59 ST. WEST
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

PO BOX 14847
BRADENTON, FL 34280

New Mailing Address:

FEI Number: 65-1090214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARROJO, GUSTAVO B
2109 59 ST. WEST
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARROJO, GUSTAVO B
Address: P.O. BOX 14847
City-St-Zip: BRADENTON, FL 34280

Title: MGR () Delete
Name: ARROJO, MARTA E
Address: PO BOX 14847
City-St-Zip: BRADENTON, FL 34280

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GUSTAVO B. ARROJO

MGR

04/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date