2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004
Secretary of State

DOCUMENT# L01000010312

Entity Name: NULIFE SOLUTIONS, LLC

Current Principal Place of Business:

345 BAYSHORE BLVD, STE 1702
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

345 BAYSHORE BLVD, STE 1702
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3727198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONSACK, KREISTEN M
345 BAYSHORE BLVD, STE 1702
TAMPA, FL 33606

Name and Address of New Registered Agent:

BONSACK, KRISTEN M
345 BAYSHORE BLVD, STE 1702
TAMPA, FL 33606

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: KRISTEN M BONSACK 04/02/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: BONSACK, KRISTEN M
Address: 345 BAYSHORE BLVD, STE 1702
City-St-Zip: TAMPA, FL 33606

Title: MGR ( ) Delete
Name: GANGEMI, JOHN R
Address: 3147 HIGHLANDS LAKEVIEW CIR
City-St-Zip: LAKELAND, FL 33813

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 Section 119.07(3)(i), 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: JOHN R GANGEMI MGR 04/02/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date