

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010312

Entity Name: NULIFE SOLUTIONS, LLC

FILED
Mar 31, 2006
Secretary of State

Current Principal Place of Business:

3501 RIGA BLVD., SUITE 300
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

3501 RIGA BLVD., SUITE 300
TAMPA, FL 33619

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, KRISTEN M
345 BAYSHORE BLVD, STE 1702
TAMPA, FL 33606 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: 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 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: JOHN R GANGEMI

MGR

03/31/2006

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