

FILED
Apr 05, 2004 8:00 am
Secretary of State

24034300

DOCUMENT # L01000018308

1. Entity Name

CIRCLE OF LIFE, LLC

Principal Place of Business

7804 SW 8TH STREET

OCALA FL 34474

Mailing Address

7804 SW 8TH STREET

OCALA FL 34474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINNEY, CARLA C

7804 SW 8TH STREET

OCALA FL 34474

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM

FINNEY, CARLA

7804 SW 8TH STREET

OCALA FL 34474

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM

BOLA, ELENA

719 BUNGALOW TERRACE

TAMPA FL 33606

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

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

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

DATE

Daytime Phone #

APR 03, 2004 9:00 am

Secretary of State

04-05-2004 90499 041 ****50.00

24034300

MOORE

CR2E083 (11/03)

4. FEI Number

52-2260310

Applied For

Not Applicable

5. Certificate of Status Desired

5.00 Additional Fee Required

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

3/10/04

(352) 427-2357