

**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT****DOCUMENT # L02000032439**1. Entity Name
LIFELINKS CONSULTING, LLC**FILED**

2007 NOV 13 P 3:22

SECRETARY OF STATE



10152D07 REIN-LLC CR2E101 (1/07)

Principal Place of Business

2152 BELLCREST CIRCLE
ROYAL PALM BEACH, FL 33411

Mailing Address

2152 BELLCREST CIRCLE
ROYAL PALM BEACH, FL 33411

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1862413

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASTRAN, DEBORAH K ESQ
333 N.E. 8 STREET
HOMESTEAD, FL 33030

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

FILE NOW!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HASTINGS, MARCIA
2152 BELLCREST CIRCLE
ROYAL PALM BEACH, FL 33411 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000111464870
10/29/07--01073--011 ***50.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HASTINGS, HUGH W
2152 BELLCREST CIR
ROYAL PALM BEACH, FL 33411 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HASTINGS, HUGH W ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: M. Hastings (305) 479-6034

10/25/2007

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

Daytime Phone #