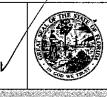
## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000032439

1. Entity Name

LIFELINKS CONSULTING, LLC



## **FILED** Mar 28, 2003 8:00 am Secretary of State 03-28-2003 90005 002 \*\*\*\*50.00

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2152 Bellcrest Circle  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Royal Palm Beach, FL Royal Palm Beach, FL Country 33411  Palm Beach 33411  Palm Beach 33411  DO NOT WRITE  IN THIS SPACE  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent and title if applicable.  SIGNATURE  MANAGING MEMBERS/MANAGERS  TILL  MANAGING MEMBERS/MANAGERS  TILL  MANAGING MEMBERS/MANAGERS  TILL  MANAGING MEMBERS/MANAGERS  TILL  MARCIA ADDRESS 21.52 Bellcrest Circle  DO NOT WRITE IN THIS SPACE  A FEI Number A FEI Number In Not Acceptable.  Deborah Kaicher Pastran, Fsq.  Street Address (P.O. Box Number is Not Acceptable).  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent.  SIGNATURE  Signature, typed or prited name of registered agent and title if applicable.  DATE  MANAGING MEMBERS/MANAGERS  TILL  MARCIA ADDRESS 21.52 Bellcrest Circle  TILL  MARCIA ADDRESS 21.52 Bellcrest Circle	Applied For Not Applicable  stan, Fee Required  Stran, Esq.  able)  FL Zip Code 33030  f Florida. I am familiar with, and accept
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Royal Palm Beach, FI Royal Palm Beach, FI Country 33411 Palm Beach 33411 Palm Beach  Towns and Address of Current Registered Agent  Name  Deborah Kaicher Pastran, Esq.  Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  333 NE 8 St.  City Homestead FL Zip Cook 333  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and life if applicable.  PEE: IS \$50.00  Make Check Payable to Florida Department of State  DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS  ITILE NAME  SIREET ADDRESS  STREET ADDRESS	Not Applicable
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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.