2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90026 012 ****55.00

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1. Entity Name
NEW LIFE SOLUTIONS, LLC

Principal Place of Business	Mailing Address
7850 N.W. 146 ST., SUITE 418 MIAMI LAKES, FL 33016	7850 N.W. 146 ST., SUITE 418 MIAMI LAKES, FL 33016

04072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7850 N.W. 146 Street	7850 N.W. 146 Street
Suite, Apt. #, etc. Ste. 514	Suite, Apt. #, etc. Ste. 514
City & State Miami Lakes, FL	City & State Miami Lakes, FL
Zip 33016 Country U.S.A.	Zip 33016 Country U.S.A

4. FEI Number 57-1170093 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, JOHN
7850 N.W. 146 ST., SUITE 418
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name John Stephens
Street Address (P.O. Box Number is Not Acceptable) 7850 N.W. 146 Street
Ste. 514
City Miami Lakes FL Zip Code 33016

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] Registered Agent DATE 4/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHENS, JO ANN 7850 N.W. 146 ST., SUITE 418 MIAMI LAKES, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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] 4-6-04 (305) 558-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #