

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012483

Entity Name: NEW LIFE SOLUTIONS, LLC

FILED
Jul 11, 2006
Secretary of State

Current Principal Place of Business:

7850 N.W. 146 ST., SUITE 514
MIAMI LAKES, FL 33016

New Principal Place of Business:

7850 N.W. 146 ST.,
SUITE 422
MIAMI LAKES, FL 33016

Current Mailing Address:

7850 N.W. 146 ST., SUITE 514
MIAMI LAKES, FL 33016

New Mailing Address:

7850 N.W. 146 ST.,
SUITE 422
MIAMI LAKES, FL 33016

FEI Number: 57-1170093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STEPHENS, JOHN
7850 N.W. 146 ST., SUITE 514
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

STEPHENS, JOHN
7850 N.W. 146 ST.,
SUITE 422
MIAMI LAKES, FL 33016 US

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:

07/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEPHENS, JO ANN
Address: 7850 NW 146 STREET, SUITE 514
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STEPHENS, JO ANN
Address: 7850 NW 146 STREET, SUITE 422
City-St-Zip: MIAMI LAKES, FL 33016

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: JO ANN STEPHENS

MGRM

07/11/2006

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