

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026099

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** NEW LIFE TREASURES LLC

**Current Principal Place of Business:**

11379 STACY ST.  
SPRING HILL, FL 346093452

**New Principal Place of Business:**

**Current Mailing Address:**

7147 GLENWOOD LANE  
HANOVER PARK, IL 601336407

**New Mailing Address:**

11379 STACY ST.  
SPRING HILL, FL 346093452

**FEI Number:** 20-0117286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TYREE, BONNIE  
11379 STACY ST.  
SPRING HILL, FL 346093452 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TYREE, BONNIE  
Address: 11379 STACY ST.  
City-St-Zip: SPRING HILL, FL 346093452

Title: MGRM (X) Delete  
Name: MCBRIDE, PHILIP  
Address: 7147 GLENWOOD LANE  
City-St-Zip: HANOVER PARK, IL 601336407

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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:** BONNIE TYREE

MGRM

04/27/2009

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