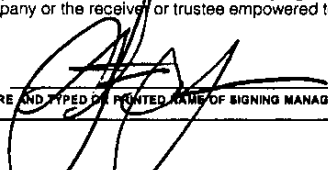# 2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000043455

1. Entity Name
DOMESTIC LIFE FORMS BETA, LLC

Principal Place of Business	Mailing Address
1550 MADRUGA AVENUE STE. 230 CORAL GABLES, FL 33146	1550 MADRUGA AVENUE STE. 230 CORAL GABLES, FL 33146

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03012007 Chg-LLC CR2E083 (12/06)
City & State	City & State	**4.** FEI Number 37-1477976 / Applied For / Not Applicable
Zip / Country	Zip / Country	**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
KROENLEIN, LESLIE L 1550 MADRUGA AVENUE STE. 230 CORAL GABLES, FL 33146	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

Filing Fee is $50.00 Due by May 1, 2007		**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	**10.** ADDITIONS / CHANGES
TITLE **MGR** NAME **SUCHMAN, STEVEN B** STREET ADDRESS **185 COCOPLUM ROAD** CITY-ST-ZIP **CORAL GABLES, FL 33143** ☐ 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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03/29/07-00059-019 50.00

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 608, Florida Statutes.

SIGNATURE: _STEVEN SUCHMAN, PRESIDENT · 3·1·07   305-401 3831_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #