

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046311

FILED
Sep 06, 2005
Secretary of State

Entity Name: CHANGING LIVES INDEFINITELY THRU F.O.G., LLC

Current Principal Place of Business:

2728 WOODRING DR
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

1550 MCMULLEN BOOTH RD. F-3
#632
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 11-3741175 **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:

MUSTIPHER, CONNIE K
1550 MCMULLEN BOOTH RD., F-3
CLEARWATER, FL 33759 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: MUSTIPHER, CONNIE
Address: 2728 WOODRING DR.
City-St-Zip: CLEARWATER, FL 33759

Title: V.P. () Change (X) Addition
Name: SHERRILL, WILLIAMS
Address: 2728 WOODRING DR.
City-St-Zip: CLEARWATER,, FL 33759

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CONNIE MUSTIPHER

PRES

09/06/2005

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