

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90170 002 ****55.00

DOCUMENT # L04000065659

1. Entity Name
LOSS OF QUALITY OF LIFE, LLC



60014099



01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1652255

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ANOKA, WILLIAM L
11072 CLIPPER COURT
WINDERMERE, FL 34786

7. Name and Address of New Registered Agent

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FADIGAN, JAMES F ☐ Delete
2425 WATERVIEW PLACE 2524 WATERVIEW PLACE
WINDERMERE, FL 34786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FADIGAN, JAMES F ☒ Change ☐ Addition
2524 WATERVIEW PLACE
WINDERMERE, FL 34786

TITLE
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STREET ADDRESS
CITY-ST-ZIP
MGRM
ANOKA, WILLIAM L ☐ Delete
11072 CLIPPER COURT
WINDERMERE, FL 34786

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William L. Anoka **WILLIAM L. ANOKA**

2/10/06

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