

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005501

FILED
Aug 29, 2006
Secretary of State

Entity Name: ABUNDANT LIFE HEALTH AND WELLNESS CONSULTING, LLC

Current Principal Place of Business:

9781 SW 157TH TERRACE
MIAMI, FL 33157 US

New Principal Place of Business:

13802 SW 256TH STREET
HOMESTEAD, FL 33032 US

Current Mailing Address:

P.O. BOX 654901
MIAMI, FL 33265 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

HARE, NICOLE B
9781 SW 157TH TERRACE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

HARE, NICOLE B
13802 SW 256TH STREET
HOMESTEAD, FL 33032 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: _____

08/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARE, NICOLE B
Address: P.O. BOX 654901
City-St-Zip: MIAMI, FL 33265 FL

Title: MGR () Delete
Name: JEAN-JACQUES, REGINALD E
Address: P.O. BOX 654901
City-St-Zip: MIAMI, FL 33265 FL

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 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: NICOLE B. HARE

MGR

08/29/2006

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