

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089141

FILED  
Jul 06, 2007  
Secretary of State

**Entity Name:** LIFE BALANCE CONSULTING GROUP, LLC

**Current Principal Place of Business:**

P. O. BOX 678931  
ORLANDO, FL 32867

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 678931  
ORLANDO, FL 32867

**New Mailing Address:**

**FEI Number:** 20-3465555      **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:**

HIDALGO, ALMA  
1296 CRANE CREST WAY  
ORLANDO, FL 32825 US

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

HIDALGO, ALMA  
10826 ARBOR VIEW BLVD  
ORLANDO, FL 32825 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:

07/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HIDALGO, ALMA  
Address: P. O. BOX 678931  
City-St-Zip: ORLANDO, FL 32867

Title: MGRM ( ) Delete  
Name: SANTIAGO, JOEL  
Address: P. O. BOX 678931  
City-St-Zip: ORLANDO, FL 32867

**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: ALMA HIDALGO

MGRM

07/06/2007

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