

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000099674

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** SECURE FUTURE LIFE LLC

**Current Principal Place of Business:**

1500 N. DIXIE HWY SUITE 104  
C/O MAS MASSOUMI, M.D.  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1500 N. DIXIE HWY SUITE 104  
C/O MAS MASSOUMI, M.D.  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

P.O. BOX 2585  
C/O MAS MASSOUMI, M.D.  
PALM BEACH, FL 33480

**FEI Number:** 29-3522225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASSOUMI, MAS M.D.  
1500 N. DIXIE HWY SUITE 104  
WEST PALM BEACH, FL 33401 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:** P  
**Name:** M.G. MASSOUMI, M.D., P.A.  
**Address:** 1500 N. DIXIE HWY STE, 104  
**City-St-Zip:** WEST PALM BEACH, FL 33401

I hereby 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:** MAS MASSOUMI

P

01/06/2010

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