
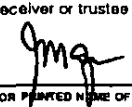


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

03-21-2006 90296 002 ****50.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # L05000121521 1. Entity Name REJUVENATE YOUR LIFE LLC | | | |  | |
| Principal Place of Business 4600 NORTH HABANA AVE SUITE 27 TAMPA, FL 33614 | | | Mailing Address 4600 NORTH HABANA AVE SUITE 27 TAMPA, FL 33614 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MEJIA, GIL 4600 NORTH HABANA AVE SUITE 27 TAMPA, FL 33614 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 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 MEJIA, GIL 4600 NORTH HABANA AVE STE 27 TAMPA, FL 33614 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST- ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | Date: 3/15/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone #: (813) 960-3436 | | |

3/

30006985



03032006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-397 3538** Applied For Not Applicable

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