

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059373

Entity Name: PURE LIFE PRODUCTS LLC

FILED  
Sep 25, 2008  
Secretary of State

## Current Principal Place of Business:

1087 HORIZON VIEW BLVD.  
PORT ORANGE, FL 32129 US

## New Principal Place of Business:

10105 NW 88TH AVE  
MEDLEY, FL 33178 US

## Current Mailing Address:

1087 HORIZON VIEW BLVD.  
PORT ORANGE, FL 32129 US

## New Mailing Address:

PO BOX 951918  
LAKE MARY, FL 32795 US

FEI Number: 20-5017896      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:

SAWYER, MARK P  
1087 HORIZON VIEW BLVD.  
PORT ORANGE, FL 32129 US

## Name and Address of New Registered Agent:

SAWYER, MARK P  
10105 NW 88TH AVE  
MEDLEY, FL 33178 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: MARK P SAWYER

09/25/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SAWYER, MARK P  
Address: 1087 HORIZON VIEW BLVD.  
City-St-Zip: PORT ORANGE, FL 32129 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SAWYER, MARK P  
Address: PO BOX 951918  
City-St-Zip: LAKE MARY, FL 32795 US

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: MARK P SAWYER

MGR

09/25/2008

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