

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000072069

**FILED**  
**Sep 16, 2009**  
**Secretary of State****Entity Name:** NEW AGE DIMENSIONS, LLC**Current Principal Place of Business:**17600 SE 28TH COURT  
SUMMERFIELD, FL 34491 US**New Principal Place of Business:****Current Mailing Address:**17600 SE 28TH COURT  
SUMMERFIELD, FL 34491 US**New Mailing Address:**3512 E SILVER SPRINGS BOULEVARD  
PMB 143  
OCALA, FL 34470 US**FEI Number:** 27-0016976**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**PIRKL, JOHN A  
17600 SE 28TH COURT  
SUMMERFIELD, FL 34491 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:** MGRM ( ) Delete  
**Name:** PIRKL, JOHN A  
**Address:** 17600 SE 28TH COURT  
**City-St-Zip:** SUMMERFIELD, FL 34491 US**Title:** MGRM ( ) Delete  
**Name:** PIRKL, PEBBLES  
**Address:** 17600 SE 28TH COURT  
**City-St-Zip:** SUMMERFIELD, FL 34491 US**ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** MGRM (X) Change ( ) Addition  
**Name:** HICKMAN, MARK R  
**Address:** 36449 W DRIVE  
**City-St-Zip:** FRUITLAND PARK, FL 34731 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: JOHN A PIRKL

MGRM

09/16/2009

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