

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90006 040 \*\*\*\*50.00

**DOCUMENT # L06000085251**

1. Entity Name  
**A NEW LIFE STYLE, LLC**



Principal Place of Business  
**1328 HOLMES LANDING DRIVE  
ORANGE PARK, FL 32003**

Mailing Address  
**1328 HOLMES LANDING DRIVE  
ORANGE PARK, FL 32003**

60052711

2. Principal Place of Business - No P.O. Box #

**2176 PARK AVENUE**

Suite, Apt. #, etc.

**SUITE 102**

City & State

**ORANGE PARK, FL**

Zip  
**32073**

Country

**USA**

3. Mailing Address

**2176 PARK AVENUE**

Suite, Apt. #, etc.

**SUITE 102**

City & State

**ORANGE PARK, FL**

Zip  
**32073**

Country  
**USA**

07122007 Chg-LLC CR2E083 (12/06)

4. FEI Number

**20-5613791**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GHIOTTI, SUSAN M  
1328 HOLMES LANDING DRIVE  
ORANGE PARK, FL 32003** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GHIOTTI, MICHAEL  
1328 HOLMES LANDING DRIVE  
ORANGE PARK, FL 32003** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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10. ADDITIONS/CHANGES

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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: *Susan Ghiotti*

**SUSAN GHIOTTI**

**7/17/07**

**904-264-6245**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #