2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L06000092114

Entity Name: TELOLIFE, L.L.C.

Current Principal Place of Business:

9112 SHORT CHIP CIRCLE
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

10380 SW VILLAGE CENTER DR
SUITE 184
PORT ST. LUCIE, FL 34987 US

Current Mailing Address:

PO BOX 880458
PORT ST. LUCIE, FL 34988 US

New Mailing Address:

10380 SW VILLAGE CENTER DR
SUITE 184
PORT ST. LUCIE, FL 34987 US

FEI Number: 56-2611470 **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:

CASTILLO, DAGOBERTO E MGRM
9112 SHORT CHIP CIRCLE
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

CASTILLO, DAGOBERTO E MGRM
10380 SW VILLAGE CENTER DR
SUITE 184
PORT ST. LUCIE, FL 34987 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: DAGOBERTO E. CASTILLO 05/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CASTILLO, DAGOBERTO E
Address: PO BOX 880458
City-St-Zip: PORT ST. LUCIE, FL 34988 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAGOBERTO E. CASTILLO MGRM 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date