

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000103698

Entity Name: LIFE MARKETING LLC

FILED  
Jan 27, 2007  
Secretary of State

**Current Principal Place of Business:**

2020 W FAIRBANKS AVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

7324 BROCKBANK DR  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 20-5769225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JENNIFER, CROOM J  
2600 S BROWN AVE  
ORLANDO, FL 32806 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: MGR ( ) Delete  
Name: TOBAR, MARIA  
Address: 7324 BROCKBANK DR  
City-St-Zip: ORLANDO, FL 32809

Title: MNG ( ) Delete  
Name: CROOM, JENNIFER J  
Address: 2600 S BROWN AVE  
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MNG ( ) Change (X) Addition  
Name: RUIZ, JAYSON C  
Address: 2628 TILTON CT  
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the 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: JAYSON C RUIZ

MNG

01/27/2007

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