2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000108197

1. Entity Name
LUSH FOR LIFE LLC

Principal Place of Business	Mailing Address
5100 BURCHETTE RD #1905 TAMPA, FL 33647	5100 BURCHETTE RD #1905 TAMPA, FL 33647

05272008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5851933
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS-MUNRO, GREGORY D
5100 BURCHETTE RD
#1905
TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE

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: Gregory Ross-Munro 05/20/08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000952707
06/04/08-80091-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROSS-MUNRO, GREGORY D
STREET ADDRESS	5100 BURCHETTE RD #1905
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MGRM
NAME	TILLMAN, JACOB A
STREET ADDRESS	15219 PLANTATION OAKS DR #8
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MGRM
NAME	KENT, CASEY C
STREET ADDRESS	15219 PLANTATION OAKS DR #8
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Gregory Ross-Munro 05/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #