2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L07000011354

Entity Name: EPITOME LIFESTYLE SERVICES LLC

Current Principal Place of Business:

901 PONCE DE LEON BLVD., SUITE 501
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BLVD., SUITE 501
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IRIONDO, ANDRES J
901 PONCE DE LEON BLVD., SUITE 501
CORAL GABLES, FL 33134 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: IRIONDO, ANDRES
Address: 881 OCEAN DR. #22B
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete
Name: ISAIAS, CHRISTIAN
Address: 901 BRICKELL KEY BLVD. #3304
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete
Name: ODIO, JASON
Address: 1720 SW 13 STREET
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

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

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

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: ANDRES IRIONDO MGR 04/29/2008

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