

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000023081

Entity Name: K-LIFE HOUSE, LLC

FILED  
Oct 30, 2008  
Secretary of State

## Current Principal Place of Business:

17550 COBBLESTONE LANE  
CLERMONT, FL 34711 US

## New Principal Place of Business:

## Current Mailing Address:

17550 COBBLESTONE LANE  
CLERMONT, FL 34711 US

## New Mailing Address:

PO BOX 770538  
WINTER GARDEN, FL 34777 US

FEI Number: 20-5792210      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

CREEDEN, KRIS  
17550 COBBLESTONE LANE  
CLERMONT, FL 34711 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: KRIS CREEDEN

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CREEDEN, KRIS  
Address: 17550 COBBLESTONE LANE  
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM ( ) Delete  
Name: CREEDEN, LAURA  
Address: 17550 COBBLESTONE LANE  
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM ( ) Delete  
Name: ROSS, CHUCK  
Address: 2139 KANE PARK WAY  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM ( ) Delete  
Name: ROSS, ANGIE  
Address: 2139 KANE PARK WAY  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM ( ) Delete  
Name: HARPER, STEVE  
Address: 12960 REAVES ROAD  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGRM ( ) Delete  
Name: HARPER, LISA  
Address: 12960 REAVES ROAD  
City-St-Zip: WINTER GARDEN, FL 34787 US

## 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:

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: LISA M HARPER

MGRM

10/30/2008

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