

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023081

Entity Name: K-LIFE HOUSE, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

17550 COBBLESTONE LANE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 770538
WINTER GARDEN, FL 34777 US

New Mailing Address:

FEI Number: 20-5792210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

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
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City-St-Zip:

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

Title: () Change () Addition
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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

03/26/2009

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