

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064164

FILED
May 01, 2008
Secretary of State

Entity Name: INFOLIFE RESOURCES, LLC

Current Principal Place of Business:

8805 TAMIAMI TRAIL N #232
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

8805 TAMIAMI TRAIL N #232
NAPLES, FL 34108

New Mailing Address:

FEI Number: 42-1732131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

SEALFON, PEGGY
8805 TAMIAMI TRAIL N #232
NAPLES, FL 34108 US

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: SEALFON, PEGGY
Address: 8805 TAMIAMI TRAIL N #232
City-St-Zip: NAPLES, FL 34108

Title: MGR () Delete
Name: BELFORD, TRACY
Address: 8805 TAMIAMI TRAIL N #232
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

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: PEGGY SEALFON

MS.

05/01/2008

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