

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064765

Entity Name: VISIONS OF LIFE, L.L.C.

FILED  
Apr 27, 2008  
Secretary of State

**Current Principal Place of Business:**

1663 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

1663 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32117

**New Mailing Address:**

FEI Number: 02-0810344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHARPS, KIM  
261 GLENBRIAR CIRCLE  
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

SHARPS, KIM MGRM  
261 GLENBRIAR CIRCLE  
DAYTONA BEACH, FL 32114 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: KIM SHARPS

04/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHARPS, KIM  
Address: 261 GLENBRIAR CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHARPS, KIM MGRM  
Address: 261 GLENBRIAR CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGR ( ) Change (X) Addition  
Name: FUNCH, SARAH MGR  
Address: 3062 W. STANLEY RD.  
City-St-Zip: MT MORRIS, MI 48458

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: KIM SHARPS

MGRM

04/27/2008

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