

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000086097

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NEW LIFE ENTERPRISES M&A, L.L.C.

**Current Principal Place of Business:**

195 MARLIN DRIVE  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1517  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

195 MARLIN DRIVE  
MERRITT ISLAND, FL 32952

**FEI Number:** 26-0766135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NISTORENKO, MAURICIO  
195 MARLIN DRIVE  
MERRITT ISLAND, FL 32952 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  
**Name:** NISTORENKO, MAURICIO  
**Address:** 195 MARLIN DRIVE  
**City-St-Zip:** MERRITT ISLAND, FL 32952

**Title:** MGRM  
**Name:** LLOYD, ESTHER A  
**Address:** 195 MARLIN DRIVE  
**City-St-Zip:** MERRITT ISLAND, FL 32952

**Title:** MGRM  
**Name:** LLOYD, CATHERINE M  
**Address:** 195 MARLIN DRIVE  
**City-St-Zip:** MERRITT ISLAND, FL 32952

I hereby 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:** MAURICIO NISTORENKO

MGRM

04/30/2012

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