

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000090298

**FILED**  
**Jan 29, 2012**  
**Secretary of State**

**Entity Name:** LIFE SKILLS RESOURCE GROUP, LLC

**Current Principal Place of Business:**

6068 SOUTH APOPKA VINELAND ROAD  
SUITE 11  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

6068 SOUTH APOPKA VINELAND ROAD  
SUITE 11  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 26-0901438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FABICO, CINDY S  
6068 SOUTH APOPKA VINELAND ROAD  
SUITE 11  
ORLANDO, FL 32819 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:** MS  
**Name:** FABICO, CINDY S  
**Address:** 6068 S. APOPKA VINELAND RD STE 11  
**City-St-Zip:** ORLANDO, FL 32819 US

**Title:** MS  
**Name:** AMY, SMITH  
**Address:** 6068 S APOPKA VINELAND RD STE 11  
**City-St-Zip:** ORLANDO, FL 32819 US

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:** CINDY FABICO

MS

01/29/2012

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