

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110791

FILED
Jun 01, 2009
Secretary of State

Entity Name: THE NICE LIFE, LLC

Current Principal Place of Business:

2200 AZALEA PLACE
WINTER PARK, FL 32789

New Principal Place of Business:

116 PARK AVENUE SOUTH, STE E
WINTER PARK, FL 32789

Current Mailing Address:

2200 AZALEA PLACE
WINTER PARK, FL 32789

New Mailing Address:

116 PARK AVENUE SOUTH, STE E
WINTER PARK, FL 32789

FEI Number: 26-3614569 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:

BUIDER, J. LINDSAY JR ESQ
369 N. NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

BUILDER, J. LINDSAY JR ESQ
369 N. NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789 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: J. LINDSAY BUILDER, JR., ESQ.

06/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NICE, MANDY M
Address: 2200 AZALEA PLACE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NICE, MANDY M
Address: 116 PARK AVENUE SOUTH, STE E
City-St-Zip: WINTER PARK, FL 32789

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: MANDY M NICE

MGR

06/01/2009

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