

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000118047

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: LIFE 4 LIFE, LLC

**Current Principal Place of Business:**

1612 NW 6TH AVENUE  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

1612 NW 6TH AVENUE  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number: 26-1438770      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:**

JENKINS, NIKKI L  
1612 NW 6TH AVENUE  
FORT LAUDERDALE, FL 33311      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: NIKKI L. JENKINS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: JENKINS, NIKKI L  
Address: 1612 NW 6TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: MGR      ( ) Delete  
Name: JENKINS, ROBERT III  
Address: 1612 NW 6TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

**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: ROBERT JENKINS III

MGR

01/17/2009

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