

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000120275

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** LIFESTYLE OF THE BELIEVER, LLC

**Current Principal Place of Business:**

621 LYONS ROAD  
9105  
COCONUT CREEK, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 938526  
MARGATE, FL 33093 US

**New Mailing Address:**

**FEI Number:** 61-1557851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, GIA H  
621 LYONS ROAD  
9105  
COCONUT CREEK, FL 33063 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:** PRES  
**Name:** ROBERTS, GIA H  
**Address:** 621 LYONS ROAD  
**City-St-Zip:** COCONUT CREEK, FL 33063 US

**Title:** MGRM  
**Name:** ROBERTS, LAMONT D II  
**Address:** 621 LYONS ROAD  
**City-St-Zip:** COCONUT CREEK, FL 33063 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:** GIA H. ROBERTS

PRES

04/29/2010

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