2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030351

Entity Name: FISCHER & ALIS LIFE COACHING LLC

FILED Mar 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

867 91ST AVE N 867 91ST AVE N

NAPLES, FL 34108 NAPLES, FL 34108 US

Current Mailing Address: New Mailing Address:

867 91ST AVE N 867 91ST AVE N

NAPLES, FL 34108 NAPLES, FL 34108 US

FEI Number: 26-2364930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FISCHER, UDO FISCHER, UDO 843 MYRTLE TERRACE 867 91ST AVE N

NAPLES, FL 34103 US NAPLES, FL 34108 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: 03/16/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 FISCHER, UDO
 Name:
 FISCHER, UDO

 Address:
 843 MYRTLE TERRACE
 Address:
 867 91ST AVE N

 City-St-Zip:
 NAPLES, FL 34103 US
 City-St-Zip:
 NAPLES, FL 34108 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: ALIS, SUSANNA V Name: ALIS, SUSANNA V

 Name:
 ALIS, SUSANNA V
 Name:
 ALIS, SUSANNA V

 Address:
 843 MYRTLE TERRACE
 Address:
 867 91ST AVE N

 City-St-Zip:
 NAPLES, FL 34103 US
 City-St-Zip:
 NAPLES, FL 34108 US

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: UDO FISCHER MGRM 03/16/2009