2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# L08000044745

Entity Name: MYFLORIDALIFELINE.COM, LLC

Current Principal Place of Business:

8366 RIMINI WAY
NAPLES, FL 34114 US

New Principal Place of Business:

Current Mailing Address:

8366 RIMINI WAY
NAPLES, FL 34114 US

New Mailing Address:

FEI Number: 26-2568465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:	MGRM	( ) Delete
Name:	SAMEK, LINDA	
Address:	7697 SICILIA COURT	
City-St-Zip:	NAPLES, FL 34114 US	
Title:	MGRM	( ) Delete
Name:	SAMEK, ADAM	
Address:	8366 RIMINI WAY	
City-St-Zip:	NAPLES, FL 34114 US	
Title:	MGRM	( ) Delete
Name:	SAMEK, SONJA	
Address:	8366 RIMINI WAY	
City-St-Zip:	NAPLES, FL 34114 US	
Title:	MGRM	( ) Delete
Name:	EVERHART, SCOTT	
Address:	8370 RIMINI WAY	
City-St-Zip:	NAPLES, FL 34114 US	
Title:	MGRM	( ) Delete
Name:	EVERHART, HILLARY	
Address:	8370 RIMINI WAY	
City-St-Zip:	NAPLES, FL 34114 US	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	SAMEK, LINDA	
Address:	8454 MALLARDS WAY	
City-St-Zip:	NAPLES, FL 34114 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: SONJA L SAMEK MGRM 06/22/2009

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