

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069365

Entity Name: ENRICH YOUR LIFE, LLC

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

9084 LAUREL RIDGE DR.
MT. DORA, FL 32757

New Principal Place of Business:

9084 LAUREL RIDGE DR.
MT. DORA, FL 32757 US

Current Mailing Address:

9084 LAUREL RIDGE DR.
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 80-0236138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, KARA
7853 GUNN HWY. #175
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

EVANS, KARA ATTORNE
7853 GUNN HWY. #175
TAMPA, FL 33626 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: KARA EVANS

01/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURRIS, LARRY J
Address: 9084 LAUREL RIDGE DR.
City-St-Zip: MT. DORA, FL 32757

Title: MGRM () Delete
Name: BURRIS, KAREN M
Address: 9084 LAUREL RIDGE DR.
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURRIS, LARRY J MGR
Address: 9084 LAUREL RIDGE DR.
City-St-Zip: MT. DORA, FL 32757

Title: MGRM (X) Change () Addition
Name: BURRIS, KAREN M MGRM
Address: 9084 LAUREL RIDGE DR.
City-St-Zip: MT. DORA, FL 32757

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: LARRY J. BURRIS

MGR

01/17/2009

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