

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084302

**FILED**  
**Feb 13, 2009**  
**Secretary of State**

**Entity Name:** ACTIVA LIFE COACHING, LLC

**Current Principal Place of Business:**

1217 OBISPO AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1217 OBISPO AVENUE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 26-3329343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

PATRICK, MOYAL  
10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 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:** PATRICK MOYAL

02/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MC LEAN, DANIELA  
**Address:** 1217 OBISPO AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES:**

**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:** MC LEAN DANIELA

MGRM

02/13/2009

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