

L09000029495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

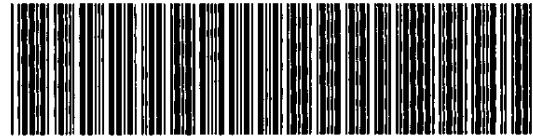
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 OCT 14 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT

OCT 15 2010

EXAMINED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2010

SHELDIA BANNON
1700 S. OCEAN BLVD. #13
DELRAY BEACH, FL 33483

SUBJECT: LIFELINES, LLC
Ref. Number: L09000029495

We have received your document for LIFELINES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE SECTION 5B.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 210A00023064

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lifelines LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shelda Bannon

Name of Person

Lifelines LLC

Firm/Company

1700 S Ocean Blvd #13

Address

Delray Beach, FL 33483

City/State and Zip Code

email@sheldabannon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelda Bannon

Name of Person

at (561)

573-9911

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Lifelines LLC

2. (a) Principal office address of limited liability company: 1030 S Federal Hwy #117



(Note: MUST BE STREET ADDRESS)

Delray Beach, FL 33483

(b) Mailing address of limited liability company:



(Note: MAY BE POST OFFICE BOX)

1700 S Ocean Blvd #18

Delray Beach, FL 33483

03/25/2009

3. Date of filing/registration in Florida

L090000294

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

Shelda Bannon

Registered Office Address:

1700 S Ocean Blvd #13
Delray Beach, FL 33483

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Shelda Bannon

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1030 S. Federal Hwy #117

Delray Bch #117, FL 33483

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Shelda Bannon

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent