2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

DOCUMENT# L09000108178

Entity Name: YOUR LIFE SOLUTION PARTNERS, LLC

Current Principal Place of Business:

219 SHADOW BAY BLVD. S.
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

219 SHADOW BAY BLVD. S.
LONGWOOD, FL 32779

New Mailing Address:

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

Name and Address of Current Registered Agent:

MAYFIELD, CINDY
219 SHADOW BAY BLVD. S.
LONGWOOD, FL 32779 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
Name: MAYFIELD, CINDY
Address: 219 SHADOW BAY BLVD. S.
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 Statues.

SIGNATURE: CINDY MAYFIELD MGR 02/21/2011

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