

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000052126

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** ELEMENTS OF LIFE EVENTS, LLC

**Current Principal Place of Business:**

15 SOUTH ORANGE AV  
ORLANDO, FL 32801

**New Principal Place of Business:**

6127 METROWEST BLVD  
AP#110 ,BUILDING 16  
ORLANDO, FL 32835

**Current Mailing Address:**

15 S ORANGE AV  
ORLANDO, FL 32801

**New Mailing Address:**

6127 METROWEST BLVD  
AP#110 ,BUILDING 16  
ORLANDO, FL 32835

**FEI Number:** 27-3835659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CYLON, RODRIGUES  
6127 METRO WEST BLVD  
APT# 110 (SERENATA)  
ORLANDO, FL 32835 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:** CEO  
**Name:** CYLON, RODRIGUES  
**Address:** 6127 METRO WEST BLVD  
**City-St-Zip:** ORLANDO, FL 32835

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 Statutes.

**SIGNATURE:** CYLON RODRIGUES

CEO

03/20/2012

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