

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000102583

**Entity Name:** LIFE SOLUTIONS SOUTH LLC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

485 CRESTA CT  
WEST PALM BEACH, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

485 CRESTA CT  
WEST PALM BEACH, FL 33413

**New Mailing Address:**

**FEI Number:** 27-3575781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOPKINS, JOEL  
3500 STATE RD SEVEN  
STE 211-212  
LAUDERDALE LAKES, FL 33319 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:** MGR  
**Name:** HOPKINS, GIA  
**Address:** 485 CRESENT CT  
**City-St-Zip:** WEST PALM BEACH, FL 33413 US

**Title:** MGR  
**Name:** HOPKINS, JOEL  
**Address:** 485 CRESENT CT  
**City-St-Zip:** WEST PALM BEACH, FL 33413

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:** GIA HOPKINS

MANA

03/15/2011

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