

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000119962

Entity Name: LIFE FINANCIAL CENTER LLC

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2170 WEST SR 434  
245  
LONGWOOD, FL 32779

## **New Principal Place of Business:**

380 SOUTH S.R. 434  
312  
ALTAMONTE SPRINGS, FL 32714

## **Current Mailing Address:**

2170 WEST SR 434  
245  
LONGWOOD, FL 32779

## **New Mailing Address:**

380 SOUTH S.R. 434  
312  
ALTAMONTE SPRINGS, FL 32714

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

STEAR, WILLIAM L DR.  
2170 WEST SR 434  
245  
LONGWOOD, FL 32779 US

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

STEAR, WILLIAM L DR.  
380 SOUTH S.R. 434  
312  
ALTAMONTE SPRINGS, FL 32714 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: DR. WILLIAM L. STEAR

02/15/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STEAR, WILLIAM L DR.  
Address: 380 SOUTH S.R. 434 (SUITE 312)  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM  
Name: STEAR, KATHY  
Address: 380 SOUTH S.R. 434 (SUITE 312)  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: DR. WILLIAM L STEAR

MRGM

02/15/2012

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