

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000120622

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** LIFE FOUNDATIONS FINANCIAL NETWORK, LLC

**Current Principal Place of Business:**

1560 MONTCLIFF DRIVE  
CUMMING, GA 30041

**New Principal Place of Business:**

**Current Mailing Address:**

1560 MONTCLIFF DRIVE  
CUMMING, GA 30041

**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:**

RAMOS, ALEXIS  
3241 RUSSETT PLACE  
LAND O' LAKES, FL 34638 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: RAMOS, ALEXIS  
Address: 1560 MONTCLIFF DR  
City-St-Zip: CUMMING, GA 30041

Title: MGRM  
Name: RAMOS, ROSA M  
Address: 1560 MONTCLIFF DRIVE  
City-St-Zip: CUMMING, GA 30041

Title: MGRM  
Name: SAENZ, PAM  
Address: 3241 RUSSETT PLACE  
City-St-Zip: LAND O LAKES, FL 34638

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:** ALEXIS RAMOS

MGR

04/29/2011

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