

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000053210

FILED
Apr 12, 2012
Secretary of State

Entity Name: MAXLIFE HEALTH AND WELLNESS CENTER, LLC

Current Principal Place of Business:

425 ALEXANDRIA BLVD
SUITE 1010
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

425 ALEXANDRIA BLVD
SUITE 1010
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-2743839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KABA, ALEJANDRO
1635 E HWY 50 STE 103
CLERMONT, FL 34711 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: OTT, MARC
Address: 14820 STONEBRIAR WAY
City-St-Zip: ORLANDO, FL 32826

Title: MGRM
Name: OTT, MICHELL
Address: 14820 STONEBRIAR WAY
City-St-Zip: ORLANDO, FL 32826

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: MARC OTT

MGRM

04/12/2012

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