

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000054267

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** LONG LIFE PEOPLE LLC

**Current Principal Place of Business:**

8201 LI FAIR DR  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3388  
PENSACOLA, FL 32516

**New Mailing Address:**

**FEI Number:** 90-0724466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROCKWELL ACCOUNTING LLC  
912 W MICHIGAN AVE  
PENSACOLA, FL 32505 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:** LARA, MICHAEL  
**Address:** PO BOX 3388  
**City-St-Zip:** PENSACOLA, FL 32516

**Title:** MGRM  
**Name:** LARA, MARIBEL  
**Address:** PO BOX 3388  
**City-St-Zip:** PENSACOLA, FL 32516

**Title:** MGRM  
**Name:** LARA, PAULINE  
**Address:** PO BOX 3388  
**City-St-Zip:** PENSACOLA, FL 32516

**Title:** MGRM  
**Name:** LARA, JOHN  
**Address:** PO BOX 3388  
**City-St-Zip:** PENSACOLA, FL 32516

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:** MICHAEL D. LARA

MGRM

04/30/2012

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