

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000122713

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** LIFESCAPE SOLUTIONS, LLC

**Current Principal Place of Business:**

6350 NW 23RD STREET  
BOCA RATON, FL 33434 US

**New Principal Place of Business:**

**Current Mailing Address:**

6350 NW 23RD STREET  
BOCA RATON, FL 33434 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMER, STEPHEN T  
1730 S. FEDERAL HWY  
#296  
DELRAY BEACH, FL 33483 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: ROSS, MICHAEL  
Address: 6350 NW 23RD STREET  
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM  
Name: ALLEVA, PAUL  
Address: 6350 NW 23RD STREET  
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM  
Name: DIAZ, PHIL  
Address: 6350 NW 23RD STREET  
City-St-Zip: BOCA RATON, FL 33434 US

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 ROSS

MGRM

04/29/2012

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