

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002266

Entity Name: LIFEOPTIONS, LLC

FILED
Jul 03, 2008
Secretary of State

Current Principal Place of Business:

84 WEST PARK PLACE
SUITE 200
STAMFORD, CT 06901

New Principal Place of Business:

Current Mailing Address:

84 WEST PARK PLACE
SUITE 200
STAMFORD, CT 06901

New Mailing Address:

FEI Number: 20-2402771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MM () Delete
Name: PRYER, TEDMUND W
Address: 84 WEST PARK PLACE
City-St-Zip: STAMFORD, CT 06901

Title: MM () Delete
Name: PUGLIESE, JAMES M
Address: 84 WEST PARK PLACE
City-St-Zip: STAMFORD, CT 06901

ADDITIONS/CHANGES:

Title: M (X) Change () Addition
Name: PRYER, TEDMUND W
Address: 84 WEST PARK PLACE
City-St-Zip: STAMFORD, CT 06901

Title: M (X) Change () Addition
Name: PUGLIESE, JAMES M
Address: 84 WEST PARK PLACE
City-St-Zip: STAMFORD, CT 06901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES PUGLIESE

MGR

07/03/2008

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