M08000004673

	(Requestor's N	lame)	
	(Address)		
	(Address)		
:	(City/State/Zip/	(Phone #)	
PICK-U	P 🔲 WA	ΙΤ	MAIL
	(Business Enti	ty Name)	
	(Document Nu	mber)	
Certified Copies	Certi	ficates of S	Status
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SECREFARY DE STATE
ALLAHASSEE, FLORIDA

D. BRUCE

JUL 13 2010

EXAMINEP

COVER LETTER

	tration Section ion of Corporations			ı		
SUBJECT:						
	Name of For	eign Limited I	Liability Compa	any		
Dear Sir or M	ladam:		·			
	Affidavit by Foreign L ember(s) and fee(s) are			Change Mana	iger(s) or	
Please return	all correspondence con-	cerning this m	atter to the foll	owing:		
	Terry M Dunca	an				
	Name of Perso	on			Es	<u> </u>
	Amerilife Group,	LLC	,	•		<u>_</u> -
,	Firm/Compan	y		•		L 12 MH
	2536 Countryside Bl	vd #501			m _⊙	≥ 1
•	Address			ı	FEC	JUL 12 MM H: 05
	Clearwater, FL 3	3763		,		05
,	City/State and Zi	p Code			3> ¹	
	sowens@aias	vcs.com		- (
E-mail a	ddress: (to be used for t	future annual r	report notificati	on)		
For further in	formation concerning th	nis matter, ple	ase call:			
Τe	erry Duncan	at (727)	•	216-0859		
N	ame of Person	Area Co	de and Daytime	e Telephone N	lumber	.
Regist Divisi Cliftor 2661 I	ET/COURIER ADDRE tration Section on of Corporations in Building Executive Center Circle lassee, Florida 32301	SS:	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations		
Enclosed is a ✓ \$25 Filing Fe	a check for the following e \$\bigsim \mathbb{S}30\$ Filing Fed Certificate of Sta	& 🔲 \$55.	.00 Filing Fee & ed Copy	\$60 Filing F Certificate of S Certified Copy	Status &	

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

2. This entity was formed under th	e laws of: Delaware
3. This entity was authorized to tra	insact business in Florida on 10/20/2008
and its Florida document/registration	on number is <u>M0800004673</u> .
4. The name and address of each n	nanager or managing member is as follows:
Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	AL Amerlife, LLC
•	2536 Countryside Blvd Ste 501
	Clearwater, FL 33763
	73.34
	STATE OF STA
•	
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•	
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	A GI
Required Signature:	(W)

Filing Fee: \$25