

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000098026

**Entity Name:** NEW LIFE ACQUISITIONS LLC

**Current Principal Place of Business:**

6127 OAK CLUSTER CIRCLE  
TAMPA, FL 33634

**Current Mailing Address:**

8409 GRANITE PLACE DR  
TAMPA, FL 33615

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ARICHABALA, ALEXIS J  
6127 OAK CLUSTER CIRCLE  
TAMPA, FL 33634 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

**Authorized Person(s) Detail :**

Title MGR  
Name ARICHABALA, ALEXIS  
Address 6127 OAK CLUSTER CIRCLE  
City-State-Zip: TAMPA FL 33634

Title AMBR  
Name ARICHABALA, ALEXIS  
Address 6127 OAK CLUSTER CIRCLE  
City-State-Zip: TAMPA FL 33634

Title AMBR  
Name SULA, MARTHA  
Address 8409 GRANITE PLACE DR  
City-State-Zip: TAMPA FL 33615

Title VC  
Name PERRY, JANNA  
Address 6127 OAK CLUSTER CIRCLE  
City-State-Zip: TAMPA FL 33634

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEXIS JOSE ARICHABALA

MGR

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date