## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 05, 2005 8:00 am Secretary of State

DOCUMENT # L01000004185  1. Entity Name ASGARDHEALTH, LLC						04-05-2005 90	0007 009	****50.0	00	
Principal Plac 431 SEABRE PALM BEACH	EZE AVE.	Mailing Address 431 SEABREEZE AVE. PALM BEACH, FL 33480		1	- - : : : : : : : : : : : : : : : : : :	. 8 8 9 1 1 2 1 1 2 5 1 1 1 2 5 1 1 2 5 1 1 2 5 1 1 1 2 5 1 1 1 2 5 1 1 1 2 5 1 1 1 2 5 1 1 1 1	1 <b>4 1</b> 161 <b>2 4</b> 00 <b>1</b> 11		I <b>II</b> I 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112005	Chg-LLC	CR2E0	83 (10/03)			
City & State		City & State		4. FEI Numbe 65-115			<del>-</del> -	plied For at Applicable		
Zip	Country	Zip	Çoun	itry		of Status Desired		\$5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent	-	*Name	7. Name and	Address of New R	egistered A	gent		
ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS STREET					s (P.O. Box Numbe	P.O. Box Number is Not Acceptable)				
WEST PAI	) LM BEACH, FL 33401-0000							<del> </del>		
		٠.		City			FL	Zip Code	9	
8. The above the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing its	registere	ed office or regis	tered agent, or bo	th, in the State of Flo	rida. Lam f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	d Agent signature requ	ired when reinstating)		DATE			
							w/1,4			
Fi	lling Fee is \$50.00 ue by May 1, 2005		<b>3</b>				e check pa	ayable to ent of State	•	
Fi D	Illing Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	ERS/MANAGERS	10.				e check partme	-	•	
		ERS/MANAGERS	TITLE NAMI STRE	E		Florida	e check partme	-	■ Addition	
9. TITLE NAME, STREET ADDRESS	MANAGING MEMBE MGR LOVETTE, BRADFORD S 431 SEABREEZE AVE		TITLE NAMI STRE CITY TITLE NAMI STRE	e Ie Iet address -ST-ZIP E		Florida	e check partme	ent of State		
9.  TITLE NAME, STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR LOVETTE, BRADFORD S 431 SEABREEZE AVE	☐ Delete	TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE STRE	E E E E E E E T ADDRESS -ST-ZIP E E E E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E		Florida	e check partme	Change	Addition	
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11. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATION OF THE PROPERTY OF THE PROPER

711605 561/868-1606