


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90077 013 ***138.75

DOCUMENT # L07000089989

1. Entity Name
LIVING HEALTHY TODAY, LLC



Principal Place of Business 924 ARCO DRIVE APT 4 JACKSONVILLE, FL 32211	Mailing Address 924 ARCO DRIVE APT 4 JACKSONVILLE, FL 32211
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60010959



2. Principal Place of Business - No P.O. Box # 9378 ARLINGTON EXPRESSWAY	3. Mailing Address WAY SAME
Suite, Apt. #, etc. 313	Suite, Apt. #, etc.

02132008 Chg-LLC CR2E083 (12/06)

City & State JACKSONVILLE, FL 32225	City & State
Zip 32225	Country

4. FEI Number 65-1318577	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RENERIA, VLADIMIR 924 ARCO DRIVE APT 4 JACKSONVILLE, FL 32211	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENERIA, VLADIMIR 924 ARCO DR. APT 4 JACKSONVILLE, FL 32211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VLADIMIR, RENTERIA 9378 ARLINGTON EXPRESSWAY 313 JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **2/13/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #