2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L05000108851

Entity Name: ABOUT YOUR HEALTH, LLC

Current Principal Place of Business:

2817 EAST OAKLAND PARK BOULEVARD
SUITE 100
FORT LAUDERDALE, FL 33306 US

New Principal Place of Business:

Current Mailing Address:

2817 EAST OAKLAND PARK BOULEVARD
SUITE 100
FORT LAUDERDALE, FL 33306 US

New Mailing Address:

FEI Number: 20-3765876 **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:

GLORIA, LINDA
3761 NW 100 AVE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

BRITO, MIGUEL
8852 NW 147 LANE
MIAMI LAKES, FL 33018 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: MIGUEL BRITO 05/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BRITO, MIGUEL P.A.
Address: 8852 NW 147 LANE
City-St-Zip: MIAMI LAKES, FL 33018 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MIGUEL BRITO MGRM 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date