

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000004790

1. Entity Name
CORRECT HEALTH FOODS, LLC



Principal Place of Business
**2572 FOLKSTONE AVE
CLERMONT, FL 34711**

Mailing Address
**2572 FOLKSTONE AVE
CLERMONT, FL 34711**

DO NOT WRITE IN THIS SPACE



07012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1024235

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIEGEL, STANLEY
2572 FOLKSTONE AVE
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

U000000171112
08/30/04-80004-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SIEGEL, STANLEY
STREET ADDRESS	2572 FOLKSTONE AVE
CITY - ST - ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8-26-04 352243 2146

Date

Telephone