

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001217

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** ROAD TO BETTER HEALTH, L.L.C.

**Current Principal Place of Business:**

5745 SW 88 AVE  
COOPER CITY, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 822498  
SOUTH FLORIDA, FL 330822498

**New Mailing Address:**

5745 SW 88 AVE  
COOPER CITY, FL 33328

**FEI Number:** 04-3600382

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOHNSON, MAUREEN  
Address: 5745 SW 88 AVE  
City-St-Zip: COOPER CITY, FL 33328

I hereby 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: MAUREEN JOHNSON

MGRM

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date