

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001222

Entity Name: LIVING HEALTHY LLC

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

20517 WOODBRIDGE DR  
BOCA RATON, FL 33434

## New Principal Place of Business:

1121 HOLLAND DRIVE  
STE #13  
BOCA RATON, FL 33487

## Current Mailing Address:

20517 WOODBRIDGE DR  
BOCA RATON, FL 33434

## New Mailing Address:

1121 HOLLAND DRIVE  
STE #13  
BOCA RATON, FL 33487

FEI Number: 02-0836980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEYERS, EDWARD  
20517 WOODBRIDGE DR  
SUITE B  
BOCA RATON, FL 33434 US

## Name and Address of New Registered Agent:

MEYERS, EDWARD C  
20517 WOODBRIDGE DR  
BOCA RATON, FL 33434 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: EDWARD C MEYERS

01/04/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MEYERS, EDWARD C  
Address: 20517 WOODBRIDGE DR  
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM ( ) Delete  
Name: NICK, SHARON  
Address: 20517 WOODBRIDGE DR  
City-St-Zip: BOCA RATON, FL 33434

## ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD C MEYERS

MGRM

01/04/2007

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