


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000001222 1. Entity Name LIVING HEALTHY LLC	
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Principal Place of Business 1121 HOLLAND DRIVE STE #13 BOCA RATON, FL 33487	Mailing Address 1121 HOLLAND DRIVE STE #13 BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE



01102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0836980	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 MEYERS, EDWARD C 20517 WOODBRIDGE DR BOCA RATON, FL 33434
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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 _____
Signature, typed or printed name of registered agent and title if applicable.


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000781818
01/15/08-80051-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYERS, EDWARD C 20517 WOODBRIDGE DR BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICK, SHARON 20517 WOODBRIDGE DR BOCA RATON, FL 33434
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **1/10/08 561-945-0076**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #