


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000023210 1. Entity Name A. LILY HEALTH, LLC	
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Principal Place of Business
124 ANNAPOLIS LN
PONTE VEDRA, FL 32082

Mailing Address
124 ANNAPOLIS LN
PONTE VEDRA, FL 32082



04282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3097071

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

5. Name and Address of Current Registered Agent

DIVENERE, THOMAS M
124 ANNAPOLIS LN
PONTE VEDRA, FL 32082

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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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DIVENERE, T.M.
STREET ADDRESS	124 ANNAPOLIS LN
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	MGRM
NAME	DIVENERE, MATTHEW
STREET ADDRESS	2564 OGLETHORPE CIRCLE
CITY-ST-ZIP	ATLANTA, GA 30319
TITLE	MGRM
NAME	RUSO, HOLLY
STREET ADDRESS	16055 EMERALD COAST PWKY STE.105
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000349809
05/02/05-80081-002 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: Holly Russo Holly Russo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/05

850-650-1060
Daytime Phone #