2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90011 044 ****50.00

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06302004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000026349

1. Entity Name
LIVING BETTER, LLC

Principal Place of Business	Mailing Address
3401 TAMIAMI TRAIL, NORTH, STE 207 NAPLES, FL 34103	3401 TAMIAMI TRAIL, NORTH, STE 207 NAPLES, FL 34103

2. Principal Place of Business	3. Mailing Address
18302 Highwoods Pres. Pkwy	18302 Highwoods Pres. Pkwy
Suite, Apt. #, etc. 114	Suite, Apt. #, etc. 114
City & State Tampa FL	City & State Tampa FL
Zip 33647 Country	Zip 33647 Country

4. FEI Number 20-0104007 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROCK, JAMES C
1155 S. SEMORAN BLVD., #3-1142
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, ROBERT 3401 TAMIAMI TRAIL, NORTH, STE 207 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICCIANO, JOHN 3401 TAMIAMI TRAIL, NORTH, STE 207 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 7-2-04 813-978-1933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #