

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90076 017 \*\*\*\*50.00

DOCUMENT # L03000036268

1. Entity Name  
AMAZING HEALTH, L.L.C.



Principal Place of Business  
2385 S.W. ESTELLA TERR.  
PALM CITY, FL 34990

Mailing Address  
2385 S.W. ESTELLA TERR.  
PALM CITY, FL 34990

20008334



2. Principal Place of Business  
1170 SW Lighthouse Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
1170 SW Lighthouse Dr.  
Suite, Apt. #, etc.

01172005 Chg-LLC CR2E083 (10/03)

City & State  
Palm City FL

City & State  
Palm City FL

4. FEI Number  
80-0077301

Applied For  
Not Applicable

Zip  
34990

Country  
USA

Zip  
34990

Country  
USA

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

6. Name and Address of Current Registered Agent

RAMOS, REINA  
2385 S.W. ESTELLA TERR.  
PALM CITY, FL 34990

7. Name and Address of New Registered Agent

Name  
Reina Ramos

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

1170 SW Lighthouse Dr.

City  
Palm City

FL

Zip Code  
34990

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

1/17/05

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
RAMOS, REINA M  
2385 SW ESTELLA TERR  
PALM CITY, FL 34990 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
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CITY - ST - ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
Ramos, Reina M.  
1170 SW Lighthouse Dr.  
Palm City FL 34990 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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CITY - ST - ZIP  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Reina Ramos

Date

Daytime Phone #

1/17/05 772-708-3350