

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038843

FILED
Jan 10, 2007
Secretary of State

Entity Name: GET HEALTHY LLC

Current Principal Place of Business:

142 W. LAKEVIEW AVE.
SUITE 2040
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

142 W. LAKEVIEW AVE.
SUITE 2040
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 30-0463380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAYRE, SHANNON
142 W. LAKEVIEW AVE.
SUITE 2040
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRADY, PAMELA
Address: 6211 S. HAMPSHIRE COURT
City-St-Zip: WINDERMERE, FL 347865618

Title: MGR () Delete
Name: SAYRE, SHANNON
Address: 142 W. LAKEVIEW AVE., SUITE 2040
City-St-Zip: LAKE MARY, FL 32746

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: SHANNON SAYRE

MGR

01/10/2007

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