

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90224 016 ***138.75

DOCUMENT # L03000041375

1. Entity Name

HEALTHY PLANET OF BREVARD, LLC



Principal Place of Business

164 JAMAICA DR.
COCOA BEACH FL 32931

Mailing Address

164 JAMAICA DR.
COCOA BEACH FL 32931



2. Principal Place of Business - No P.O. Box #

1908 Manor Dr.

Suite, Apt. #, etc.

3. Mailing Address

1908 Manor Dr.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Cocoa FL

City & State

Cocoa FL

4. FEI Number

38-3692449

Applied For

Not Applicable

Zip

32922

Country

U.S.A.

Zip

32922

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRICKER, ERIC
164 JAMAICA DR.
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

McCluney, Judy

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

1908 Manor Dr.

City

Cocoa

FL

Zip Code

32922

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

Judy McCluney

(NOTE: Registered Agent signature required when reappointing)

2-28-08

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME FRICKER, ERIC
STREET ADDRESS 164 JAMAICA DR.
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE MGRM ☐ Delete
NAME MCCLUNEY, JUDY
STREET ADDRESS 1908 MANOR DR
CITY-ST-ZIP COCOA FL 32922

TITLE MGRM ☐ Delete
NAME WITHROW, CLARIS
STREET ADDRESS 3039 VILLAGE PARK DR
CITY-ST-ZIP MELBOURNE FL 32934

TITLE MGRM ☐ Delete
NAME Powell, Richard
STREET ADDRESS 116 S.E. 1st ST.
CITY-ST-ZIP Satellite Beach, FL 32937

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Judy McCluney

Judy McCluney

2-28-08

321-636-0140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Registered Phone #