

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000042758

**FILED**  
**Mar 17, 2005**  
**Secretary of State**

**Entity Name:** BEYOND HEALTH AND WEALTH, LLC

**Current Principal Place of Business:**

3800 WASHINGTON RD., APT. 112  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

3800 WASHINGTON RD., APT. 112  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

**FEI Number:** 20-0376188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENRY, THORNTON M ESQ  
505 S. FLAGLER DR., STE. 1100  
WEST PALM BEACH, FL 33405 US

**Name and Address of New Registered Agent:**

OFELIA, LENKO M  
3800 WASHINGTON ROAD #112  
WEST PALM BEACH, FL 33405 US

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: OFELIA LENKO

03/17/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LENRO, OFELIA M  
Address: 3800 WASHINGTON ROAD #112  
City-St-Zip: WEST PALM BEACH, FL 33405

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LENKO, OFELIA M  
Address: 3800 WASHINGTON ROAD #112  
City-St-Zip: WEST PALM BEACH, FL 33405

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OFELIA LENKO

MGRM

03/17/2005

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