


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90206 036 ****50.00

DOCUMENT # L03000042758	
1. Entity Name BEYOND HEALTH AND WEALTH, LLC	

Principal Place of Business 3800 WASHINGTON RD., APT. 112 WEST PALM BEACH, FL 33405	Mailing Address 3800 WASHINGTON RD., APT. 112 WEST PALM BEACH, FL 33405
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2. Principal Place of Business - No P.O. Box # 3800 Washington Rd	3. Mailing Address 3800 Washington Rd.
Suite, Apt. #, etc. Apt. 1011	Suite, Apt. #, etc. Apt. 1212
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33405	Country USA

	
01032007 Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-0376188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
OFELIA, LENKO M 3800 WASHINGTON ROAD #112 WEST PALM BEACH, FL 33405	

7. Name and Address of New Registered Agent	
Ofelia M. LENKO	
Street Address (P.O. Box Number is Not Acceptable) 3800 Washington Rd # 1212	
West Palm Beach	
City	FL Zip Code 33405

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 Ofelia M. Lenko	DATE 01/03/07
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LENKO, OFELIA M 3800 WASHINGTON ROAD #112 WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3800 Washington Rd #1212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Ofelia M. Lenko	OFELIA M. LENKO	01/03/07	561-514-3590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #