

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000039581**

1. Entity Name  
**HEALTHY EATS ONE, LLC**



Principal Place of Business  
**2208 LAUREL OAK DRIVE  
VALRICO, FL 33594**

Mailing Address  
**2208 LAUREL OAK DRIVE  
VALRICO, FL 33594**



05032006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1694445**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HORN, IAN ESQ  
4023 PADDLEWHEEL DRIVE  
BRANDON, FL 33594**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	FREID, MICHAEL
STREET ADDRESS	2208 LAUREL OAK DRIVE
CITY - ST - ZIP	VALRICO, FL 33594

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000000567434  
06/21/06-80001-005 50.00

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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

**MICHAEL FRIED**

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

**6-16-06 813-643-1110**