

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052847

FILED
Mar 11, 2009
Secretary of State

Entity Name: HEALTH AWARENESS FOUNDATION, L.L.C.

Current Principal Place of Business:

C/O 16109 CAMAS AVENUE
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

C/O 16109 CAMAS AVENUE
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAXLEY, MILTON H II
1929 N.W. 12TH TERRACE
GAINESVILLE, FL 32609 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: MGRM () Delete
Name: MORSE, BRENDA
Address: C/O 16109 CAMAS AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MGRM () Delete
Name: MORSE, ROBERT
Address: C/O 16109 CARNAS AVE
City-St-Zip: PORT CHARLOTTE, FL 33953

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 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: ROBERT MORSE

MGRM

03/11/2009

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