

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063818

Entity Name: PRENATALLY YOURS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

13050 S.W. 104TH AVENUE
MIAMI, FL 33176

New Principal Place of Business:

436 LANTERNBACK ISLAND DRIVE
SATELLITE BEACH, FL 32937

Current Mailing Address:

13050 S.W. 104TH AVENUE
MIAMI, FL 33176

New Mailing Address:

436 LANTERNBACK ISLAND DRIVE
SATELLITE BEACH, FL 32937

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATARINEAU, JOE A
7780 S.W. 117TH AVENUE
MIAMI, FL 33183 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: GOMEZ, YESENIA
Address: 13050 S.W. 104TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: GOMEZ, ROLANDO R JR
Address: 13050 S.W. 104TH AVENUE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOMEZ, YESENIA
Address: 436 LANTERNBACK ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGRM (X) Change () Addition
Name: GOMEZ, ROLANDO R JR
Address: 436 LANTERNBACK ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

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: ROLANDO R. GOMEZ JR.

MGRM

04/30/2009

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