

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079601

FILED
Jan 12, 2007
Secretary of State

Entity Name: HEALTHIER SOLUTIONS, LLC

Current Principal Place of Business:

2610 TECUMSEH DRIVE
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2610 TECUMSEH DRIVE
WEST PALM BEACH, FL 334097421

New Mailing Address:

FEI Number: 20-4149043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALUMBO, PATRICIA M
2610 TECUMSEH DRIVE
WEST PALM BEACH, FL 334097421 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: PALUMBO, PATRICIA M
Address: 2610 TECUMSEH DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGR () Delete
Name: PALUMBO, LARRY M
Address: 5555 VILLAGE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407

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 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: PATRICIA M PALUMBO

MGRM

01/12/2007

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