2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000007374

1. Entity Name
FINANCIAL HEALTH COACH, L.L.C.

Principal Place of Business
5747 14TH AVE SW
STE 100
NAPLES, FL 34116

Mailing Address
2338 IMMOKALEE RD
STE 300
NAPLES, FL 34110

03062008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2159926

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HORNBACH, KIM C ESQ
5455 JAEGER RD
STE B
NAPLES, FL 34109

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TEWIS, ANGELA N
STREET ADDRESS	2338 IMMOKALEE RD STE 300
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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04/02/08-80062-025 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter [illegible] 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 [illegible] Florida Statutes.

Sign Here

SIGNATURE: _____ 3/12/08 239-353-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #