

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000016910**

1. Entity Name  
**HEALTHY BRANDS, LLC**



Principal Place of Business  
**2608 NE 22ND AVENUE  
LIGHTHOUSE POINT, FL 33064**

Mailing Address  
**2608 NE 22ND AVENUE  
LIGHTHOUSE POINT, FL 33064**



05042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2471738**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**KEENE, CHRISTINE O  
2608 NE 22ND AVENUE  
LIGHTHOUSE POINT, FL 33064**

**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

*Christine O Keene*

(NOTE: Registered Agent signature required when reinstating)

**5/11/07**

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KEENE, CHRISTINE O  
2608 NE 22ND AVENUE  
LIGHTHOUSE POINT, FL 33064**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
POHLMAN, KIM  
18268 NW WALKER ROAD, APT. D  
BEAVERTON, OR 97006**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000762329  
05/29/07-80002-025 50.00

**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 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 606, Florida Statutes.

**SIGNATURE:**

*Christine O Keene*

**5/11/07**

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

Date

Daytime Phone #