


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L05000019923 1. Entity Name ABUNDANCE OF HEALTH, LLC	
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Principal Place of Business 9334 E. SWEETWATER DRIVE INVERNESS, FL 34450	Mailing Address 9334 E. SWEETWATER DRIVE INVERNESS, FL 34450
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-5316265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADSHAW, R. WESLEY ESQ
209 COURTHOUSE SQUARE
INVERNESS, FL 34450

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000751938
05/18/07-80122-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARQUA, JOHN T 9334 E SWEETWATER DR INVERNESS, FL 34450
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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 608, Florida Statutes.

SIGNATURE: *John T. Marqua* JOHN T. MARQUA 30 APR 2007 352-726-6250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #