

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000033582

**Entity Name:** K & A HEALTHY SOLUTIONS, LLC

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1353 E. LAFAYETTE STREET  
SUITE A  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

200 LANTERN LANE  
HAVANA, FL 32333

**New Mailing Address:**

**FEI Number:** 02-0756229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEHGAL, ANGELA  
200 LANTERN LANE  
HAVANA, FL 32333 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:** DR.  
**Name:** SEHGAL, ANGELA K  
**Address:** 200 LANTERN LANE  
**City-St-Zip:** HAVANA, FL 32333

I hereby 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: ANGELA SEHGAL

MGRM

03/20/2012

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