

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # L05000045712

1. Entry Name
BETTER HEALTH NUTRITION CONSULTING, LLC



Principal Place of Business
**860 BAYOU VIEW DRIVE
BRANDON, FL 33510-2018**

Mailing Address
**860 BAYOU VIEW DRIVE
BRANDON, FL 33510-2018**



01272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0607184

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KIM, JUNG O
860 BAYOU VIEW DRIVE
BRANDON, FL 33510-2018**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KIM, JUNG O
STREET ADDRESS	860 BAYOU VIEW DRIVE
CITY- ST- ZIP	BRANDON, FL 335102018

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/30/07-80061-002 50.00
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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: _____

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

Date

Daytime Phone #

Jung O Kim Jung O Kim 3/20/07 (813) 334-8558