## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056161

Entity Name: SOUTHEAST INSTITUTE FOR OPTIMAL HEALTH, LLC

FILED Apr 13, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

82 S. BARRETT SQUARE SUITE 2F ROSEMARY BEACH, FL 32461

Name:

**New Mailing Address: Current Mailing Address:** 

307 VENTANA BLVD P.O. BOX 611057

SANTA ROSA BEACH, FL 32459 ROSEMARY BEACH, FL 32461

FEI Number: 20-2960501 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VARNADORE, WILLIAM E VARNADORE, WILLIAM E 82 S. BARRETT SQUARE 307 VENTANÁ BLVD.

SANTA ROSA BLVD., FL 32459 US ROSEMARY BEACH, FL 32461 US

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: 04/13/2009

> Electronic Signature of Registered Agent Date

> > Name:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

OWNE () Delete Title: (X) Change ( ) Addition

VARNADORE, WILLIAM E VARNADORE, WILLIAM E Address: 307 VENTANA BLVD. Address: 82 SOUTH BARRETT SQUARE SUITE F2

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: ROSEMARY BEACH, FL 32461

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM E VARNADORE 04/13/2009