

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073162

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: JUICE FOR HEALTH, L.L.C.

**Current Principal Place of Business:**

7096 DEMEDICI CIRCLE  
DELRAY BEACH, FL 33446 US

**New Principal Place of Business:**

**Current Mailing Address:**

7096 DEMEDICI CIRCLE  
DELRAY BEACH, FL 33446 US

**New Mailing Address:**

FEI Number: 20-3214256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OESTREICHER, SEYMOUR  
7096 DEMEDICI CIRCLE  
DELRAY BEACH, FL 33446 US

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

OESTREICHER, SEYMOUR - AGENT  
7096 DEMEDICI CIRCLE  
DELRAY BEACH, FL 33446 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: SEYMOUR OESTREICHERMGR

01/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OESTREICHER, HARRIET  
Address: 7096 DEMEDICI CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33446 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: OESTREICHER, HARRIET - MGR  
Address: 7096 DEMEDICI CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33446 US

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: HARRIET OESTREICHER

MGR

01/14/2009

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