

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095064

FILED
Apr 09, 2009
Secretary of State

Entity Name: HOST AND HEALTH, LLC

Current Principal Place of Business:

124 E. HOWARD STREET
LIVE OAK, FL 32064 US

New Principal Place of Business:

Current Mailing Address:

124 E. HOWARD STREET
LIVE OAK, FL 32064 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, JOHNNIE S SR.
124 E. HOWARD STREET
LIVE OAK, FL 32064 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: MGRM () Delete
Name: CAPITAL RESOURCES FINANCIAL GROUP, LLC
Address: 124 E. HOWARD STREET
City-St-Zip: LIVE OAK, FL 32064 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAKER, JOHNNIE S SR.
Address: 124 E. HOWARD STREET
City-St-Zip: LIVE OAK, FL 32064 US

Title: MGR () Change (X) Addition
Name: MUSIC, DENNIS E
Address: 18323 COUNTY ROAD 250
City-St-Zip: LIVE OAK, FL 32060

Title: MGR () Change (X) Addition
Name: WAINWRIGHT, DON SR.
Address: C/O 124 E. HOWARD STREET
City-St-Zip: LIVE OAK, FL 32064

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: JOHNNIE S BAKER, SR.

MGRM

04/09/2009

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