

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000044753

**FILED  
Jan 27, 2010  
Secretary of State**

**Entity Name:** HEALTHY AGING ENTERPRISES, LLC

**Current Principal Place of Business:**

6468 KIRSTEN WAY  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

6468 KIRSTEN WAY  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 20-4785894      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FORGIE, ELAYNE  
6468 KIRSTEN WAY  
LAKE WORTH, FL 33467      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:** MGR  
**Name:** FORGIE, ELAYNE  
**Address:** 6468 KIRSTEN WAY  
**City-St-Zip:** LAKE WORTH, FL 33467

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: /S/ ELAYNE FORGIE

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01/27/2010

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