

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045707

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** SMART FOR LIFE - PORT ST. LUCIE, L.L.C.

**Current Principal Place of Business:**

6660 S. FEDERAL HWY  
PT. ST. LUCIE, FL 34952

**New Principal Place of Business:**

320-322 NW BETHANY DR.  
PT. ST. LUCIE, FL 34952

**Current Mailing Address:**

3350 NW BOCA RATON BLVD.  
B38  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 20-4807310      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

GREEN, MITCHELL F  
4000 HOLLYWOOD BOULEVARD, SUITE 485-SOUTH  
HOLLYWOOD, FL 33021 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 ( ) Delete  
Name: MOULAVI, SASSON  
Address: 190 GLADES ROAD, SUITE E-1  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MOULAVI, SASSON  
Address: 3350 NW BOCA RATON BLVD #B38  
City-St-Zip: BOCA RATON, FL 33431

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: SASSON MOULAVI

MGR

03/20/2009

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