
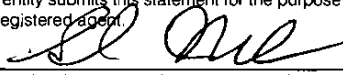
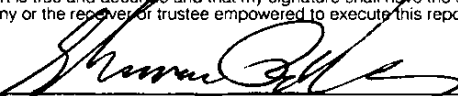


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90142 046 ****50.00

DOCUMENT # L06000068009 1. Entity Name HEALTH BUILDERS INTERNATIONAL LLC					
Principal Place of Business 1835 EAST WEST PARKWAY ORANGE PARK, FL 32003			Mailing Address 1835 EAST WEST PARKWAY ORANGE PARK, FL 32003		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DUVAL, STEPHEN J 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Filing Fee is \$50.00 Due by May 1, 2007 </div> <div style="margin-left: 20px;"> <i>pay</i> </div>				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	MGRM ROLAND, SHANNON E 1705 COUNTRY DRIVE ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	MGRM ROLAND, DAWN 1705 COUNTRY WALK DRIVE ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="display: flex; justify-content: space-between;"> <div> 3-19-2007 <small>Date</small> </div> <div> 904-891-6900 <small>Daytime Phone #</small> </div> </div>		

60060300



03082007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4970224** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required