



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90054 009 \*\*\*138.75

<b>DOCUMENT # L06000070121</b> 1. Entity Name <b>HEALTHY GULP LLC</b>					
Principal Place of Business <b>1936 BRUCE B. DOWNS BLVD.</b> <b>308</b> <b>WESLEY CHAPEL, FL 33543 US</b>			Mailing Address <b>1936 BRUCE B. DOWNS BLVD.</b> <b>308</b> <b>WESLEY CHAPEL, FL 33543 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>20-5295151</b> Applied For <input type="checkbox"/> Not Applicable			5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>BUCENELL, SUSAN B</b> <b>1936 BRUCE B. DOWNS BLVD.</b> <b>308</b> <b>WESLEY CHAPEL, FL 33543</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>BUCENELL, SUSAN B</b> <b>1936 BRUCE B. DOWNS BLVD., #308</b> <b>WESLEY CHAPEL, FL 33543</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: <b>11/12/08</b>		

30002418



01042008 Chg-LLC CR2E083 (12/08)

4. FEI Number **20-5295151** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCENELL, SUSAN B**  
**1936 BRUCE B. DOWNS BLVD.**  
**308**  
**WESLEY CHAPEL, FL 33543**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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**FILE NOW!!! FEE IS \$138.75**  
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Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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**1936 BRUCE B. DOWNS BLVD., #308**  
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SIGNATURE: 

Date: **11/12/08** Daytime Phone #

**(813) 333-4284**

**IRS**

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
P.O. BOX 9003  
HOLTSVILLE NY 11742-9003

**ATTACHMENT**

30002418

#L06 000070121

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|||||

HEALTHY GULP LLC  
SUSAN B BUCENELL SOLE MBR  
1936 BRUCE B DOWNS BLVD - 308  
WESLEY CHAPEL FL 33543

Date of this notice: 08-07-2006

Employer Identification Number:  
20-5295151

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:  
1-800-829-4933IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-5295151. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023 Revision 1024, Application for Recognition of Exemption at:

Internal Revenue Service  
PO Box 192  
Covington, KY 41012-0192

Publication 557, Tax Exempt for Your Organization, is available at most IRS offices or you can download this Publication from our Web site at [www.irs.gov](http://www.irs.gov). This Publication has details on how you can apply.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records.
- \* Use this EIN and your name exactly as they appear above on all your federal tax forms.
- \* Refer to this EIN on your tax related correspondence and documents.

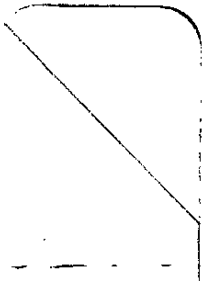
If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.

ATTACHMENT

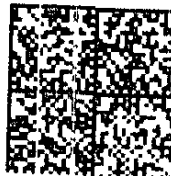
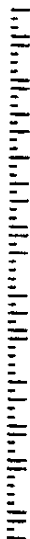
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#LOG 00007 0121



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314



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\$00.410  
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