

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079376

Entity Name: HEALTHY NOOK LLC

FILED
Jul 10, 2007
Secretary of State

Current Principal Place of Business:

9860 87TH STREET NORTH
SEMINOLE, FL 33777 US

New Principal Place of Business:

9860 87TH STREET
SEMINOLE, FL 33777 US

Current Mailing Address:

P.O. BOX 3548
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 20-5357034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

O'DOR, LEAH R
9860 87TH STREET NORTH
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

O'DOR, LEAH R
9860 87TH STREET
SEMINOLE, FL 33777 US

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:

07/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'DOR, LEAH R
Address: 9860 87TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33777 US

Title: MGRM () Delete
Name: O'DOR, ALICE
Address: 9860 87TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'DOR, LEAH R
Address: PO BOX 3548
City-St-Zip: SEMINOLE, FL 33775 US

Title: MGRM (X) Change () Addition
Name: O'DOR, ALICE
Address: PO BOX 3548
City-St-Zip: SEMINOLE, FL 33775

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: LEAH O'DOR

MGRM

07/10/2007

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