2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

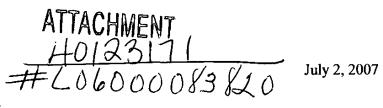
FILED Jul 06, 2007 8:00 am Secretary of State

							07-06-2007 9	0026 020	*****50	00
DOCUN 1. Entity Name HARDY H	e	#L060000838	320			A 11 1 2	07-06-2007 9	0036 030) ****30	.00
Principal Place	e of Busines	s	Mailing Address			30,27				
509 S CHICKASAW TRAIL			509 S CHICKASAW TRAIL				•			
#318			#318							
ORLANDO, FL	32825		ORLANDO, FL 32825	i		1 19961614 0	I a k il a s ila a 1 311 a 1 411	20 /31 0/10 110	 	ETI III KETI
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 2507 COSE SPLING DRIVE							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252007	Chg-LLC	CR2E08	3 (12/06)	
City & State			Civa Sipile Do, Fr			4. FEI Numb	oer		N-1-	plied For t Applicable
Zip		Country	32825	Coun		5. Certificate	e of Status Desired		5.00 Add ee Required	
	6. Name	e and Address of Current I	Registered Agent		NI	7. Name an	d Address of New R	egistered Aq	gent	
HARDY, PI					Name	(0.0.0)				
509 CHICK #318					Street Address	(P.O. Box Numb	per is Not Acceptable) <i>·</i>		
ORLANDO), FL 328	25			0:2				1 0	
					City			FL	Zip Code	
		ty submits this statement for stered agent.	the purpose of changing i	ts register	ed office or registi	ered agent, or b	oth, in the State of Flo	rida. I am fa	ımiliar with,	and accept
SIGNATURE .	Signature, types	d or printed name of registered agent a	and title if applicable. (NO	OTE: Registere	d Agent signature requir	ed when reinstating)		DATE		
		is \$50.00 iy 1, 2007						e check pa Departme	-	e
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		-
TITLE	MGR		☐ Delete	TITE.	£				☐ Change	Addition
NAME	HARDY,	PHILIP T		NAM	VE					_
STREET ADDRESS	509 CHIC	CKASAW TRAIL #318		STR	EET ADDRESS					
CITY-ST-ZIP	WINTER	PARK, FL 32825		CITY	-ST-ZIP					•
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NAME CTREET ADDRESS	1			NAI STE	ME REET ADORESS					
STREET ADDRESS CITY-ST-ZIP				1	Y-ST-ZIP					
' '	cartify that t	the information supplied with	this filing does not qualify			ed in Chanter 11	9 Florida Statutes 1 fi	urther certify	that the infe	ormation
indicated	on this rep	the information supplied with ort is true and accurate and any or the receiver or trust	that my signature shall ha	ve the san	ne legal effect as i	if made under of	ith; that I am a manage	ging membe	r or manag	er of the
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		VIV	Midle L			7/2/	<u> </u>	(CO)	112	9276

7/2/07

Daytime Phone #

PHUP T HARDY



Florida Department of State

I did not receive my renewal for my annual report in a timely manner since it was sent to my post office box.

Please find the enclosed check and completed form for Hardy Health LLC.

Please update my file to use the following mailing address for all business correspondence.

Hardy Health LLC 2507 Rose Spring Drive Orlando, FL 32825

Thank you.

Philip T. Hardy