


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-06-2007 90036 030 ****50.00

DOCUMENT # L06000083820 1. Entity Name HARDY HEALTH, LLC					
Principal Place of Business 509 S CHICKASAW TRAIL #318 ORLANDO, FL 32825			Mailing Address 509 S CHICKASAW TRAIL #318 ORLANDO, FL 32825		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2507 ROSE SPRING DRIVE Suite, Apt. #, etc.			
City & State Zip		City & State ORLANDO, FL Zip 32825		4. FEI Number 04252007 Chg-LLC CR2E083 (12/06)	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HARDY, PHILIP T 509 CHICKASAW TRAIL #318 ORLANDO, FL 32825			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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARDY, PHILIP T 509 CHICKASAW TRAIL #318 WINTER PARK, FL 32825	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Philip T Hardy</i></u> 7/2/07 407 222 9275					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

ATTACHMENT
H0123171
#L06000083820

July 2, 2007

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