

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098703

FILED
Mar 22, 2009
Secretary of State

Entity Name: A BETTER WAY TO HEALTH, LLC

Current Principal Place of Business:

1801 SE HILLMOORE DRIVE, SUITE A104
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

1801 SE HILLMOOR DRIVE, SUITE A104
PORT ST. LUCIE, FL 34952

Current Mailing Address:

1801 SE HILLMOORE DRIVE, SUITE A104
PORT ST. LUCIE, FL 34952

New Mailing Address:

1801 SE HILLMOOR DRIVE, SUITE A104
PORT ST. LUCIE, FL 34952

FEI Number: 20-5713471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIPE, STUART S
1801 SE HILLMORE DR STE A104
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

SHIPE, STUART S
1801 SE HILLMOOR DRIVE, SUITE A104
PORT SAINT LUCIE, FL 34952 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:

03/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHIPE, STUART S D.O.M.
Address: 1801 SE HILLMOORE DRIVE, SUITE A104
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHIPE, STUART S D.O.M.
Address: 1801 SE HILLMOOR DRIVE, SUITE A104
City-St-Zip: PORT ST. LUCIE, FL 34952

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: STUART S. SHIPE

MGR

03/22/2009

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