

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098703

FILED  
Mar 05, 2012  
Secretary of State

**Entity Name:** A BETTER WAY TO HEALTH, LLC

**Current Principal Place of Business:**

1801 SE HILLMOOR DRIVE  
SUITE A-104  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1801 SE HILLMOOR DRIVE  
SUITE A-104  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

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 HILLMOOR DRIVE  
SUITE A-104  
PORT SAINT LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
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 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 SHIPE

MGR

03/05/2012

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