2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007
Secretary of State

DOCUMENT# L06000122906

Entity Name: HEALTHY SOLUTIONS LLC

Current Principal Place of Business:

3700 COMMERCE BLVD
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

3700 COMMERCE BLVD
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOBBLE SOLUTIONS LLC
3700 COMMERCE BLVD
KISSIMMEE, FL 34741 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 ( ) Delete
Name: BOBBLE SOLUTIONS LLC,
Address: 3700 COMMERCE BLVD
City-St-Zip: KISSIMMEE, FL 34741 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR ( ) Change (X) Addition
Name: HAYES, CHERYLE K
Address: 3700 COMMERCE BLVD.
City-St-Zip: KISSIMMEE, FL 34741 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYLE HAYES DIR 02/09/2007

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