

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000000131

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** HEALTH VIE INTERNATIONAL LLC

**Current Principal Place of Business:**

103 S. US HIGHWAY ONE, SUITE B2  
JUPITER, FL 33477

**New Principal Place of Business:**

8 SEACREST DRIVE  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

103 S. US HIGHWAY ONE, SUITE B2  
JUPITER, FL 33477

**New Mailing Address:**

8 SEACREST DRIVE  
ORMOND BEACH, FL 32176

**FEI Number:** 20-8144051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANNAN, THOMAS M  
103 S. US HIGHWAY 1, B-2  
JUPITER, FL 33477 US

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

HANNAN, THOMAS M  
8 SEACREST DRIVE  
ORMOND BEACH, FL 32176 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:

04/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HANNAN, THOMAS  
Address: 8 SEACREST DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

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: THOMAS M HANNAN

MGR

04/27/2011

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