

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004930

Entity Name: HEALTHY TRENDS, LLC

FILED
Jan 12, 2008
Secretary of State

Current Principal Place of Business:

11037 STON BRANCH DR.
RIVERVIEW, FL 33569 US

New Principal Place of Business:

10689 BIG BEND RD
RIVERVIEW, FL 33579 US

Current Mailing Address:

11037 STON BRANCH DR.
RIVERVIEW, FL 33569 US

New Mailing Address:

11037 STONE BRANCH DR
RIVERVIEW, FL 33569 US

FEI Number: 20-8234024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, REGINALD
8675 29TH WAY
108
PINELLAS PARK, FL 33782 US

Name and Address of New Registered Agent:

MARTIN, SHANDA
11037 STONE BRANCH DR
RIVERVIEW, FL 33569 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: SHANDA MARTIN

01/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTIN, REGINALD
Address: 11037 STONE BRANCH DR.
City-St-Zip: RIVERVIEW, FL 33569 US

Title: MGRM () Delete
Name: MARTIN, SHANDA
Address: 8675 29TH WAY 108
City-St-Zip: PINELLAS PARK, FL 33782 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MARTIN, SHANDA
Address: 11037 STONE BRANCH DR
City-St-Zip: RIVERVIEW, FL 33569 US

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: SHANDA MARTIN

MGRM

01/12/2008

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