

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000005099

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** ALTERNATIVE HEALTH MARKETING LLC

**Current Principal Place of Business:**

8434 HIGHGATE DR.  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

8252 HEDGEWOOD DR  
JACKSONVILLE, FL 32216 US

**Current Mailing Address:**

P.O. BOX 551675  
JACKSONVILLE, FL 32255 US

**New Mailing Address:**

**FEI Number:** 87-0793561      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ZERINGUE, KALEB J PRES  
8434 HIGHGATE DR  
JACKSONVILLE, FL 32216 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:** FREDDIE, ZERINGUE  
**Address:** 8434 HIGHGATE DR  
**City-St-Zip:** JACKSONVILLE, FL 32255 US

**Title:** MGRM  
**Name:** MARKETING SOLUTIONS LLC  
**Address:** P.O. BOX 551675  
**City-St-Zip:** JACKSONVILLE, FL 32255 US

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: FREDDIE ZERINGUE

MGR

04/21/2011

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