

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000007278

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** BACK TO EDEN HEALTH MINISTRY, LLC

**Current Principal Place of Business:**

4906 THONOTOSASSA ROAD  
PLANT CITY, FL 33565

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3484  
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number:** 20-8463057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DICKERSON LAW FIRM, P.A.  
104 NORTH EVERS STREET  
SUITE 103  
PLANT CITY, FL 33563 US

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

ORCUTT, CHERYL L MGRM  
4906 THONOTOSASSA ROAD  
PLANT CITY, FL 33565 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: SHERRY L ORCUTT

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ORCUTT, CHERYL L MGRM  
Address: 4906 THONOTOSASSA ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: MGRM  
Name: ORCUTT, DAVID L MGRM  
Address: 4906 THONOTOSASSA ROAD  
City-St-Zip: PLANT CITY, FL 33565

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: CHERYL L ORCUTT

MGRM

04/27/2010

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