

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007513

FILED
Jul 02, 2008
Secretary of State

Entity Name: BETTER LIVING ENTERPRISES, LLC

Current Principal Place of Business:

135 INTERSTATE BLVD., STE. 6
GREENVILLE, SC 29615

New Principal Place of Business:

Current Mailing Address:

8663 TIERRA LAGO COVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 90-0340170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MURCHIE, GERALD
8663 TIERRA LAGO COVE
LAKEWORTH, FL 33467 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERGELSOIV, ERIC
Address: 509 THORNBLADE BLVD.
City-St-Zip: GREER, SC 29650

Title: MGRM () Delete
Name: PORTER, MIKE
Address: 1113 JORDAN RD
City-St-Zip: LYMAR, SC 29365

Title: MGRM () Delete
Name: MURCHIE, GERALD
Address: 8663 TIERRA LAGO COVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

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

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

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

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: GERALD MURCHIE

VP

07/02/2008

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