

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90028 022 ***138.75

DOCUMENT # L07000008853

1. Entity Name
 HEALTH4WEALTH T.E.A.M., LLC



Principal Place of Business
 4411 BEAUCHAMP COURT
 SARASOTA, FL 34243

Mailing Address
 4411 BEAUCHAMP COURT
 SARASOTA, FL 34243

60038688



2. Principal Place of Business - No P.O. Box #
 3718 67th Terrace E

3. Mailing Address
 Suite, Apt. #, etc.

03182008 Chg-LLC CR2E083 (12/06)

City & State
 SARASOTA, FL 34

City & State

Zip
 34243

Country

4. FEI Number
 20-8312979

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 FONDER, LISA A
 4411 BEAUCHAMP COURT
 SARASOTA, FL 34243

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lisa A Fonder* DATE

Signature typed or printed name of registered agent and list if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FONDER, CHAD D 4411 BEAUCHAMP COURT SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FONDER, LISA A 4411 BEAUCHAMP COURT SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 *Lisa A Fonder* **LISA FONDER** *3/17/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #