


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2008 90028 022 \*\*\*138.75

<b>DOCUMENT # L07000008853</b>					
<b>1. Entity Name</b> HEALTH4WEALTH T.E.A.M., LLC					
<b>Principal Place of Business</b> 4411 BEAUCHAMP COURT SARASOTA, FL 34243			<b>Mailing Address</b> 4411 BEAUCHAMP COURT SARASOTA, FL 34243		
<b>2. Principal Place of Business - No P.O. Box #</b> 3718 6TH TERRACE E		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03182008    Chg-LLC    CR2E083 (12/06)	
<b>City &amp; State</b> SARASOTA, FL 34		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-8312979	
<b>Zip</b> 34243		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  FONDER, LISA A 4411 BEAUCHAMP COURT SARASOTA, FL 34243			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE: <i>Lisa A Fonder</i> (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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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<b>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.</b>					
<b>SIGNATURE:</b> <i>Lisa A Fonder</i> <b>LISA FONDER</b>			Date: <i>3/17/08</i> Daytime Phone #:		

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