

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010755

Entity Name: HEALTHFUL BEING, LLC

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

3195 U.S. HIGHWAY 98 N  
LAKELAND, FL 33805

## New Principal Place of Business:

## Current Mailing Address:

3195 U.S. HIGHWAY 98 N  
LAKELAND, FL 33805

## New Mailing Address:

2033 WINTERSET DR  
LAKELAND, FL 33813

FEI Number: 87-0793678      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:

BERRY, JAMES  
6422 MYRTLEWOOD DR.  
LAKELAND, FL 33810      US

## Name and Address of New Registered Agent:

BERRY, JAMES  
2033 WINTERSET DR  
LAKELAND, FL 33813      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:

05/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: BERRY, JAMES  
Address: 6422 MYRTLEWOOD DR.  
City-St-Zip: LAKELAND, FL 33810

Title: MGRM      ( ) Delete  
Name: BERRY, ROSEMARIE  
Address: 6422 MYRTLEWOOD DR.  
City-St-Zip: LAKELAND, FL 33810

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: BERRY, JAMES  
Address: 2033 WINTERSET DR  
City-St-Zip: LAKELAND, FL 33813

Title: MGRM      (X) Change      ( ) Addition  
Name: BERRY, ROSEMARIE  
Address: 2033 WINTERSET DR  
City-St-Zip: LAKELAND, FL 33813

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: JAMES D BERRY

MGRM

05/01/2008

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