2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# L07000016126

Entity Name: HEALTHY DISTRIBUTION, LLC

Current Principal Place of Business:

2690 DREW ST.
#864
CLEARWATER, FL 33759 US

New Principal Place of Business:

Current Mailing Address:

2690 DREW ST.
#864
CLEARWATER, FL 33759 US

New Mailing Address:

FEI Number: 71-1026057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELKINS, GWENDALYN M
2690 DREW ST.
#864
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

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: MS. ( ) Delete
Name: ELKINS, GWENDALYN M
Address: 2690 DREW ST. #864
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES:

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: GWENDALYN M. ELKINS MS. 04/04/2009

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