

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036923

FILED  
Apr 20, 2008  
Secretary of State

Entity Name: HEALTHY SERVICES, LLC

**Current Principal Place of Business:**

1096 SUNFLOWER CIRCLE  
WESTON, FL 33327

**New Principal Place of Business:**

4459 FOX RIDGE DRIVE  
WESTON, FL 33331

**Current Mailing Address:**

1096 SUNFLOWER CIRCLE  
WESTON, FL 33327

**New Mailing Address:**

4459 FOX RIDGE DRIVE  
WESTON, FL 33331

FEI Number: 20-8821010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHACIN, ANA MARIA  
1096 SUNFLOWER CIRCLE  
WESTON, FL 33327 US

**Name and Address of New Registered Agent:**

CHACIN, ANA MARIA  
4459 FOX RIDGE DRIVE  
WESTON, FL 33331 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: ANA MARIA CHACIN

04/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MS ( ) Change (X) Addition  
Name: CHACIN, ANA MARIA  
Address: 4459 FOX RIDGE DRIVE  
City-St-Zip: WESTON, FL 33331

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: ANA MARIA CHACIN

MS

04/20/2008

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