

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045807

FILED
Aug 26, 2008
Secretary of State

Entity Name: THE HEALTHY SPOON, LLC

Current Principal Place of Business:

118 SW BROADWAY ST.
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

PO BOX 758
OCALA, FL 34478

New Mailing Address:

PO BOX 758
OCALA, FL 34478

FEI Number: 20-8950902 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:

JONES, REBECCA L
5050 W. HWY 326
OCALA, FL 34482 US

Name and Address of New Registered Agent:

JONES, REBECCA L
828 NE 11TH AVENUE
OCALA, FL 34470 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: REBECCA L. JONES

08/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JONES, REBECCA L
Address: 5050 W HWY. 326
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JONES, REBECCA L
Address: 828 NE 11TH AVENUE
City-St-Zip: OCALA, FL 34470

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: REBECCA L. JONES

MGR

08/26/2008

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