

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048964

FILED
Jul 22, 2008
Secretary of State

Entity Name: HEALTHYBROTHERS, LLC.

Current Principal Place of Business:

985 SW 147TH TERRACE
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

985 SW 147TH TERRACE
PEMBROKE PINES, FL 33027 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

PIMENTEL, PAUL
985 SW 147TH TERRACE
PEMBROKE PINES, FL 33027 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIMENTEL, PAUL
Address: 985 SW 147TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGRM () Delete
Name: PIMENTEL, CESAR
Address: 985 SW 147TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33027 US

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: VELEZ, NATALIA
Address: 985 SW 147TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33027 US

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: PAUL PIMENTEL

MGRM

07/22/2008

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