2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-04-2008 90136 004 ***138.75

DOCUMENT # L07000068310

1. Entity Name
2 YOUR HEALTH,LLC

Principal Place of Business	Mailing Address
7700 SW 177 STREET MIAMI, FL 33157 US	7700 SW 177 STREET MIAMI, FL 33157 US

300005321

03212008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 7700 SW 177 ST	3. Mailing Address 7700 SW 177 ST		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA	4. FEI Number 41-2255495	☐ Applied For ☐ Not Applicable
Zip 33157 Country DADE	Zip 33157 Country DADE	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SNIDER, STEVEN J.
7700 SW 177 STREET
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SNIDER, TERESA 7700 SW 177 STREET MIAMI, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 3/20/08 786 256 4120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #