


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90020 016 ***138.75

| | | | | | |
|---|--|-----|---|--|---|
| DOCUMENT # L07000074129 1. Entity Name HEALTHY FOR LIFE NUTRITION CONSULTING LLC | | | |  | |
| Principal Place of Business 921 47TH AVE. NE NAPLES, FL 34120 | | | Mailing Address 921 47TH AVE. NE NAPLES, FL 34120 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 87-0806776 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DUFFEY, ALISON 921 47TH AVE. NE NAPLES, FL 34120 | | | | 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 _____ (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 | MGRM DUFFEY, ALISON 921 47TH AVE. NE NAPLES, FL 34120 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |



01062008 Chg-LLC CR2E083 (12/06)

4. FEI Number **87-0806776** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

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: Alison Duffey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

1/6/08
Date

239-877-6875
Daytime Phone #