

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074129

FILED
Jan 08, 2009
Secretary of State

Entity Name: HEALTHY FOR LIFE NUTRITION CONSULTING LLC

Current Principal Place of Business:

921 47TH AVE. NE
NAPLES, FL 34120

New Principal Place of Business:

921 47TH AVE NE
NAPLES, FL 34120

Current Mailing Address:

921 47TH AVE. NE
NAPLES, FL 34120

New Mailing Address:

921 47TH AVE NE
NAPLES, FL 34120

FEI Number: 87-0806776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFFEY, ALISON
921 47TH AVE. NE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

DUFFEY, ALISON
921 47TH AVE NE
NAPLES, FL 34120 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: ALISON DUFFEY

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUFFEY, ALISON
Address: 921 47TH AVE. NE
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUFFEY, ALISON
Address: 921 47TH AVE NE
City-St-Zip: NAPLES, FL 34120

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: ALISON DUFFEY

MGRM

01/08/2009

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