

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078101

FILED
Jun 11, 2008
Secretary of State

Entity Name: TRUE HEALTHY PRODUCTS LLC

Current Principal Place of Business:

925 NORTH A1A
206
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

925 NORTH A1A
206
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 26-0613313 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:

Name and Address of New Registered Agent:

HRKACH, JAN F
925 NORTH A1A
206
INDIALANTIC, FL 32903 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: HRKACH, JAN F
Address: 925 NORTH A1A # 206
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete
Name: HAFERKAMP, LISA R
Address: 5975 CANNON AVE.
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES:

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

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

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: JAN HRKACH

MGRM

06/11/2008

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