

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088867

FILED
Feb 23, 2009
Secretary of State

Entity Name: NATURALLY HEALTHY FOODS, LLC

Current Principal Place of Business:

12987 ENTRADA DRIVE
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 772347
ORLANDO, FL 32877 US

New Mailing Address:

FEI Number: 45-0576268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODEN, KEITH A
12987 ENTRADA DRIVE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: GOODEN, KEITH A
Address: 12987 ENTRADA DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: MGR () Delete
Name: GOODEN, MOLLY A
Address: 12987 ENTRADA DRIVE
City-St-Zip: ORLANDO, FL 32837 US

Title: MGR (X) Delete
Name: GREEN, GLADSTONE W
Address: 1921 THE OAKS BLVD.
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

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

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: KEITH A. GOODEN

MGR

02/23/2009

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