

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90077 013 ***138.75

DOCUMENT # L07000089989

1. Entity Name
LIVING HEALTHY TODAY, LLC



Principal Place of Business
**924 ARCO DRIVE
APT 4
JACKSONVILLE, FL 32211**

Mailing Address
**924 ARCO DRIVE
APT 4
JACKSONVILLE, FL 32211**

60010959



2. Principal Place of Business - No P.O. Box #
9378 ARLINGTON EXPRESSWAY SAME
Suite, Apt. #, etc.
313

3. Mailing Address
9378 ARLINGTON EXPRESSWAY SAME
Suite, Apt. #, etc.
313

City & State
JACKSONVILLE, FL 32225

City & State
JACKSONVILLE, FL 32225

02132008 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1318577

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RENTERIA, VLADIMIR
924 ARCO DRIVE
APT 4
JACKSONVILLE, FL 32211**

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	MGR RENTERIA, VLADIMIR 924 ARCO DR. APT 4 JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VLADIMIR, RENTERIA 9378 ARLINGTON EXPRESSWAY 313 JACKSONVILLE, FL 32225	<input checked="" 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
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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]* **2/13/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #