

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104711

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** GIRLFRIENDS HEALTH PL

**Current Principal Place of Business:**

1140 BROADBAND DRIVE  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

330 E HIBISCUS BLVD  
MELBOURNE, FL 32901 US

**Current Mailing Address:**

PO BOX 476  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 61-1549960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WAITE, ANNMARIE  
1140 BROADBAND DRIVE  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

WAITE, ANNMARIE  
330E HIBISCUS BLVD  
MELBOURNE, FL 32901 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: AWAITE

02/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WAITE, ANNMARIE  
Address: PO BOX 476  
City-St-Zip: MELBOURNE, FL 32901 US

I hereby 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: AWAITE

MGR

02/01/2011

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