

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104711

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** GIRLFRIENDS HEALTH PL

**Current Principal Place of Business:**

330 E HIBISCUS BLVD  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**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  
330E HIBISCUS BLVD  
MELBOURNE, FL 32901 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  
**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

03/20/2012

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