

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105807

FILED
Mar 25, 2009
Secretary of State

Entity Name: FULL LIFE NATURAL HEALTH PRODUCTS, LLC

Current Principal Place of Business:

3600 VANBUREN
104
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 813967
HOLLYWOOD, FL 33081

New Mailing Address:

FEI Number: 74-3235969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUEVARA AGUIRRRE, GUIDO E
3600 VANBUREN
104
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

D'LEON ENTERPRISES
11201 SW 55TH STREET
148
HOLLYWOOD, FL 33025 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: SUSIE D'LEON

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUEVARA AGUIRRRE, GUIDO E
Address: 3600 VANBUREN APT. 104
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM () Delete
Name: MARIA CRISTINA PEDRO, SA MAHECHA
Address: 3600 VANBUREN APT. 104
City-St-Zip: HOLLYWOOD, FL 33021

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: GUIDO GUEVARA

MNGR

03/25/2009

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