

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119085

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: HEALTHY LIFE PRODUCTS, LLC

## Current Principal Place of Business:

3518 BANKHEAD ROAD  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

16388 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32310

## Current Mailing Address:

3518 BANKHEAD ROAD  
TALLAHASSEE, FL 32303

## New Mailing Address:

P.O. BOX 15993  
TALLAHASSEE, FL 32317

FEI Number: 41-2259830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAWFORD, LAWRENCE E  
3518 BANKHEAD ROAD  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

CAIN, SR., JAMES H  
16388 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32310 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: JAMES H. CAIN, SR

03/03/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CRAWFORD, LAWRENCE E  
Address: 3518 BANKHEAD ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete  
Name: CRAWFORD, CYNTHIA C  
Address: 3518 BANKHEAD ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM (X) Delete  
Name: CAIN, ERROL D  
Address: PO BOX 15761  
City-St-Zip: TALLAHASSEE, FL 32317

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CAIN, ERROL D  
Address: P. O. BOX 15993  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR (X) Change ( ) Addition  
Name: CAIN, SR, JAMES H  
Address: 16388 BLOUNTSTOWN HWY  
City-St-Zip: TALLAHASSEE, FL 32310

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: ERROL D. CAIN

MGRM

03/03/2009

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