

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000119085

1. Entity Name  
HEALTHY LIFE PRODUCTS, LLC



Principal Place of Business  
16388 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32310

Mailing Address  
P.O. BOX 15993  
TALLAHASSEE, FL 32317

**FILED**

11 AUG -1 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08012011 REIN-LLC

CR2E101 (1/07)

4. FEI Number  
41-2259830

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

*James H. Cain Sr.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$377.50**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CAIN, ERROL D  
P. O. BOX 15993  
TALLAHASSEE, FL 32317 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CAIN, SR., JAMES H  
16388 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32310 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400210600054  
08/02/11--01001--004 \*\*\$377.50 ☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

**REINSTATEMENT**

2010-11

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:

*James H. Cain Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #