

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010330

Entity Name: HEALCEUTICALS, L.L.C.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

4100 N. POWERLINE RD.
SUITE J-5
POMPANO BEACH, FL 33073

New Principal Place of Business:

Current Mailing Address:

4100 N. POWERLINE RD.
SUITE J-5
POMPANO BEACH, FL 33073

New Mailing Address:

FEI Number: 36-4626734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIE MREJEN, P.A.
701 W CYPRESS CREEK RD.
SUITE 302
FORT LAUDERDALE, FL 33309 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: MGRM () Delete
Name: INTERMEDIA USA, INC.,
Address: 4100 N. POWERLINE RD., STE J-5
City-St-Zip: POMPANO BEACH, FL 33073 US

Title: MGRM () Delete
Name: HALFON, PATRICK
Address: 10727 MAPLE CHASE DRIVE
City-St-Zip: BOCA RATON, FL 33498 US

Title: MGRM () Delete
Name: COHEN, LAURENT
Address: 310 EAST ROYAL PALM ROAD
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: COHEN LAURENT

MGRM

02/12/2009

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