

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000013054

**FILED**  
**Jul 23, 2011**  
**Secretary of State**

**Entity Name:** HEALTHY CHOICES NUTRITION COUNSELING, LLC

**Current Principal Place of Business:**

172 SW GLENWOOD DRIVE  
PORT ST.LUCIE, FL 34984 US

**New Principal Place of Business:**

1744 SE COLONY WAY  
JUPITER, FL 33478 US

**Current Mailing Address:**

172 SW GLENWOOD DRIVE  
PORT ST.LUCIE, FL 34984 US

**New Mailing Address:**

1744 SE COLONY WAY  
JUPITER, FL 33478 US

**FEI Number:** 26-1907725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOYD-SOTOMAYOR, VANESSA  
172 SW GLENWOOD DRIVE  
PORT ST.LUCIE, FL 34984 US

**Name and Address of New Registered Agent:**

LOYD-SOTOMAYOR, VANESSA  
1744 SE COLONY WAY  
JUPITER, FL 33478 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: VANESSA LOYD-SOTOMAYOR

07/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LOYD-SOTOMAYOR, VANESSA  
Address: 1744 SE COLONY WAY  
City-St-Zip: JUPITER, FL 33478 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: VANESSA LOYD-SOTOMAYOR

MGRM

07/23/2011

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