

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018869

Entity Name: B-HEALTHY 2, "LLC."

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

440 S. MARKET AVENUE  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

440 S. MARKET AVENUE  
FORT PIERCE, FL 34982

**New Mailing Address:**

4479 S. 25TH. ST.  
FORT PIERCE, FL 34981

FEI Number: 26-1985205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLACK, PHILIP D  
440 S MARKET AVENUE  
FORT PIERCE, FL 34982 US

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

BLACK, PHILIP D  
4479 S. 25TH. ST.  
FORT PIERCE, FL 34981 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: PHILIP BLACK

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BLACK, LOUISE  
Address: 440 S MARKET AVENUE  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BLACK, LOUISE  
Address: 4479 S. 25TH. ST.  
City-St-Zip: FORT PIERCE, FL 34981

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: LOUISE BLACK

MGN.

03/20/2009

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