

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034864

**FILED**  
**Feb 12, 2011**  
**Secretary of State**

**Entity Name:** JUST HEALTHY CHOICES, LLC

**Current Principal Place of Business:**

4750 DIKE ROAD  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

4750 DIKE ROAD  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 26-2338039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCCUTCHEON, JAMI  
4750 DIKE ROAD  
OVIEDO, FL 32765 US

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

MCCUTCHEON, JAMI A  
4750 DIKE ROAD  
OVIEDO, FL 32765 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:** JAMI MCCUTCHEON

02/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MCCUTCHEON, JAMI A  
**Address:** 4750 DIKE ROAD  
**City-St-Zip:** OVIEDO, FL 32765 US

**Title:** MGR  
**Name:** MCCUTCHEON, STUART  
**Address:** 4750 DIKE ROAD  
**City-St-Zip:** OVIEDO, FL 32765 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:** JAMI A MCCUTCHEON

MGR

02/12/2011

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