

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064450

Entity Name: HEALTHY HELPIN'S, LLC

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

19651 NE 19 PLACE
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

19651 NE 19 PLACE
MIAMI, FL 33179

New Mailing Address:

FEI Number: 37-1569771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERLIN, LOUIS
19651 NE 19 PLACE
MIAMI, FL 33179 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: BERLIN, LOUIS
Address: 19651 NE 19 PLACE
City-St-Zip: MIAMI, FL 33179

Title: MGRM () Delete
Name: SHALEV, LIOR
Address: 2001 NE 195 DRIVE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

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: LOUIS BERLIN

MGRM

01/17/2009

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