

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076012

FILED
Mar 16, 2009
Secretary of State

Entity Name: AFFINITY NATURAL HEALTH ADVANTAGE, LLC

Current Principal Place of Business:

5030 CHAMPION BOULEVARD
SUITE G6-278
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

5030 CHAMPION BOULEVARD
SUITE G6-278
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 26-3133597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIBBY, PATRICK
5030 CHAMPION BOULEVARD
SUITE G6-278
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

TRIBBY, PATRICK
4320 BRANDYWINE DR.
BOCA RATON, FL 33487 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:

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRIBBY, PATRICK
Address: 5030 CHAMPION BOULEVARD, SUITE G6-278
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGR () Delete
Name: TRIBBY, MARYELLEN
Address: 5030 CHAMPION BOULEVARD, SUITE G6-278
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: TRIBBY, MARYELLEN
Address: 4320 BRANDYWINE DR.
City-St-Zip: BOCA RATON, FL 33487 US

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: PATRICK TRIBBY

MGM

03/16/2009

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