

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085736

FILED
Apr 27, 2009
Secretary of State

Entity Name: CENTER OF HEALTHY LIVING, LLC

Current Principal Place of Business:

2701 GATEWAY DRIVE
SUITE A
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2701 GATEWAY DRIVE
SUITE A
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 26-3578684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLMAN, MAYNARD J
2701 GATEWAY DRIVE
SUITE A
POMPANO BEACH, FL 33069 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: HELLMAN, MAYNARD J
Address: 2701 GATEWAY DRIVE
City-St-Zip: POMPANO BEACH, FL 330694323 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: MAYNARD J HELLMAN

P

04/27/2009

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