

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111892

FILED
Feb 12, 2009
Secretary of State

Entity Name: 45 HEALTHLY CHOICES, LLC

Current Principal Place of Business:

45 N MIAN ST
WILLISTON, FL 32696

New Principal Place of Business:

45 N MAIN ST
WILLISTON, FL 32696 US

Current Mailing Address:

45 N MIAN ST
WILLISTON, FL 32696

New Mailing Address:

P. O. BOX 670
WILLISTON, FL 32696 US

FEI Number: 36-4645064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KONSTANTINO, ARTHUR P
45 N MIAN ST
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

KONSTANTINO, ARTHUR P
45 N MAIN ST
WILLISTON, FL 32696 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:

02/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KONSTANTINO, ARTHUR P
Address: 19001 NW HWY 335
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES:

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: ARTHUR P. KONSTANTINO

MGRM

02/12/2009

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