

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000048570

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** HEALTHY DELIGHTS II, LLC

**Current Principal Place of Business:**

3931 N.W. 96 AVENUE  
COOPER CITY, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

3931 N.W. 96 AVENUE  
COOPER CITY, FL 33024

**New Mailing Address:**

**FEI Number:** 06-1806852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BASARAN, METIN  
3931 N.W. 96 AVENUE  
COOPER CITY, FL 33024 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  
**Name:** DONMEZ, KEN  
**Address:** 801 N. CONGRESS AVENUE  
**City-St-Zip:** BOYNTON BEACH, FL 33426

**Title:** MGRM  
**Name:** BASARAN, METIN  
**Address:** 3931 N.W. 96 AVENUE  
**City-St-Zip:** COOPER CITY, FL 33024

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:** METIN BASARAN

PRES

03/11/2010

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