

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000082139

FILED  
Mar 12, 2012  
Secretary of State

**Entity Name:** HERBAL HEALTH INTEGRAL MIND & BODY LLC

**Current Principal Place of Business:**

18256 MEDITERRANEAN BLVD  
1405  
HIALEAH, FL 33015 US

**New Principal Place of Business:**

8569 PINES BLVD  
213  
PEMBROKE PINES, FL 33024 US

**Current Mailing Address:**

18256 MEDITERRANEAN BLVD  
1405  
HIALEAH, FL 33015 US

**New Mailing Address:**

8569 PINES BLVD  
213  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 46-0523218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAITAN, ORLANDO  
18256 MEDITERRANEAN BLVD  
1405  
HIALEAH, FL 33015 US

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

GAITAN, ORLANDO  
8569 PINES BLVD  
213  
PEMBROKE PINES, FL 33024 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: ORLANDO GAITAN

03/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GAITAN, ORLANDO  
Address: 220 SW 116 AVE. APT 306  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGRM  
Name: ZULUAGA, RUBIELA  
Address: 220 SW 116 AVE. APT 306  
City-St-Zip: PEMBROKE PINES, FL 33025 US

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: ORLANDO GAITAN

4605

03/12/2012

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