

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088943

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** BETTER HEALTH & WEALTH, LLC

**Current Principal Place of Business:**

214 ORANGE STREET, SUITE 8  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1005  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 27-0982849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TROIANO, VICTOR J  
317 SOUTH TENNESSEE AVE.  
LAKELAND, FL 33801 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: MGR.  
Name: GUGEL, CHARLES E  
Address: P.O. BOX 1005  
City-St-Zip: AUBURNDALE, FL 33823 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: CHARLES E. GUGEL

MGR.

03/21/2011

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