

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096158

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

513 COUNTRY CLUB DRIVE  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

**Current Mailing Address:**

755 GRAND BLVD. B-105  
UNIT 294  
DESTIN, FL 32550 US

**New Mailing Address:**

**FEI Number:** 27-1234315      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MILLER, GEORGE R  
562 HIGHWAY 90 EAST  
DEFUNIAK SPRINGS, FL 32435 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:** KRIKA, COLLEEN K  
**Address:** 755 GRAND BLVD. B-105 UNIT 294  
**City-St-Zip:** DESTIN, FL 32550 US

**Title:** MGRM  
**Name:** ANDERSON, ANTHONY S  
**Address:** 513 COUNTRY CLUB DR  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32435 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: ANTHONY S ANDERSON

MEM

03/03/2010

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