

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102886

**FILED**  
**Jan 22, 2011**  
**Secretary of State**

**Entity Name:** SUPER HEALTH NATION, LLC

**Current Principal Place of Business:**

1004 RIDGE POINTE COVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

1004 RIDGE POINTE COVE  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 80-0497549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIGUE, KRIS  
1004 RIDGE POINTE COVE  
LONGWOOD, FL 32750 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: VIGUE, KRIS  
Address: 1004 RIDGE POINTE COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM  
Name: VIGUE, JIM  
Address: 1004 RIDGE POINTE COVE  
City-St-Zip: LONGWOOD, FL 32750

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: KRIS VIGUE

MRG

01/22/2011

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