

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106767

FILED
Mar 30, 2010
Secretary of State

Entity Name: HEALTHIER ALTERNATIVES, LLC

Current Principal Place of Business:

19004 PARK PLACE BLVD.
EUSTIS, FL 32736

New Principal Place of Business:

1050 EAST STATE ROAD 50
SUITE D
CLERMONT, FL 34711

Current Mailing Address:

19004 PARK PLACE BLVD.
EUSTIS, FL 32736

New Mailing Address:

FEI Number: 27-1299700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELUCA, ANTHONY P
19004 PARK PLACE BLVD.
EUSTIS, FL 32736 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: DELUCA, JULIE A
Address: 1050 EAST STATE ROAD 50, SUITE D
City-St-Zip: CLERMONT, FL 34711

Title: MGRM
Name: DELUCA, ANTHONY P
Address: 1050 EAST STATE ROAD 50, SUITE D
City-St-Zip: CLERMONT, FL 34711

Title: MGR
Name: SHIA, CHIH-YUAN
Address: 18834 US HWY 441
City-St-Zip: MOUNT DORA, FL 32757

Title: MGR
Name: CHANG, MEI-YUN
Address: 18834 US HWY 441
City-St-Zip: MOUNT DORA, FL 32757

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 P DELUCA

MGRM

03/30/2010

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