

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000117290

Entity Name: HEALTHYFRIENDS, LLC

FILED
Apr 27, 2010
Secretary of State

Current Principal Place of Business:

4505 CHULUOTA RD. 32820
CHULUOTA, FL 32820 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 622087
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 27-1465684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALLBIZ AGENTS, LLC
4244 W. TENNESSEE ST. #185
TALLAHASSEE, FL 32304 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: BARTLETT, LESLIE
Address: 4505 CHULUOTA RD.
City-St-Zip: CHULUOTA, FL 32820 US

Title: MGRM
Name: VALES, HENRY
Address: 1238 SECRETARIAT PLACE
City-St-Zip: CHULUOTA, FL 32766 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: LESLIE BARTLETT

MGRM

04/27/2010

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