

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000117290

Entity Name: HEALTHYFRIENDS, LLC

**FILED**  
**Mar 16, 2011**  
**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:**

BARTLETT, LESLIE A DR.  
4244 W. TENNESSEE ST. #185  
TALLAHASSEE, FL 32304 US

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: DR. LESLIE ANN BARTLETT

03/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BARTLETT, LESLIE A DR.  
Address: 4505 CHULUOTA RD.  
City-St-Zip: CHULUOTA, FL 32820 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: DR. LESLIE ANN BARTLETT

MGRM

03/16/2011

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