

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000117290

Entity Name: HEALTHYFRIENDS, LLC

FILED
Jan 26, 2012
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:

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

Name and Address of New Registered Agent:

BARTLETT, LESLIE A DR.
4505 CHULUOTA RD
ORLANDO, FL 32820 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: LESLIE BARTLETT

01/26/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
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: LESLIE BARTLETT

MGR

01/26/2012

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