

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000005873

Entity Name: FOR BETTER LIFE, LLC

FILED  
Mar 17, 2011  
Secretary of State

**Current Principal Place of Business:**

741 SUNNYDELL DR  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 121758  
CLERMONT, FL 34712

**New Mailing Address:**

FEI Number: 27-1682757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TEITANG, HERVE M  
843 SKYRIDGE ROAD  
CLERMONT, FL 34711 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: CEO  
Name: TEITANG, HERVE M  
Address: 843 SKYRIDGE ROAD  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: KOM, CHRISTIANE  
Address: 843 SKYRIDGE ROAD  
City-St-Zip: CLERMONT, FL 34711

Title: MGR  
Name: TEITANG, HERVE  
Address: 843 SKYRIDGE ROAD  
City-St-Zip: CLERMONT, FL 34711

Title: S  
Name: NGUEMNENG, MANUELLA  
Address: 843 SKYRIDGE ROAD  
City-St-Zip: CLERMONT, FL 34711

Title: CFO  
Name: TEITANG, HERVE  
Address: 843 SKYRIDGE ROAD  
City-St-Zip: CLERMONT, FL 34711

Title: P  
Name: KOM, CHRISTIANE  
Address: 843 SKYRIDGE ROAD  
City-St-Zip: CLERMONT, FL 34711

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: HERVE M. TEITANG

CEO

03/17/2011

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