

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000044478

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** HEALTHY BODY NETWORK, LLC

**Current Principal Place of Business:**

200 4TH AVE S  
UNIT 417  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

227 6TH AVE N  
ST PETERSBURG, FL 33701 US

**Current Mailing Address:**

3204 BRIGADOON DR  
CLEARWATER, FL 33759 US

**New Mailing Address:**

227 6TH AVE N  
ST PETERSBURG, FL 33701 US

**FEI Number:** 27-3355849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPOARTION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: FOOTE, PATRICK S  
Address: 227 6TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33701 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: PATRICK S FOOTE

CEO

04/27/2012

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