

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000130241

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** LIVE LONGER LIVE WELL, LLC

**Current Principal Place of Business:**

8343 PINES BOULEVARD  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

8343 PINES BOULEVARD  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

**FEI Number:** 27-4397245      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

GRAND, MARK ESQ  
4010 SHERIDAN STREET  
HOLLYWOOD, FL 33021 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:** MGR  
**Name:** STEIN, ROBERT D D.C.  
**Address:** 8343 PINES BOULEVARD  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US

**Title:** MGR  
**Name:** GERBER, ROY L PH.D.  
**Address:** 8343 PINES BOULEVARD  
**City-St-Zip:** PEMBROKE PINES, FL 33024 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:** ROY L. GERBER, PH.D.

MGR

02/21/2011

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