

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000039497

**Entity Name:** HEALTH & REMEDY, LLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

222 LAKEVIEW AVENUE,  
SUITE 160-189  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

222 LAKEVIEW AVENUE,  
SUITE 160-189  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 77-0647617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CANDELARIO, LUIS C  
10456 TRIANON PLACE  
WELLINGTON, FL 33449 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:** CANDELARIO, LUIS C  
**Address:** 10456 TRIANON PLACE  
**City-St-Zip:** WELLINGTON, FL 33449

**Title:** MGRM  
**Name:** CANDELARIO, NANCY  
**Address:** 10456 TRIANON PLACE  
**City-St-Zip:** WELLINGTON, FL 33449

**Title:** MGRM  
**Name:** RAMOS, RAYMON A  
**Address:** 10456 TRIANON PLACE  
**City-St-Zip:** WELLINGTON, FL 33449

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:** LUIS C. CANDELARIO

MGRM

04/25/2012

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