2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # M0200001355 1. Entity Name LEGACY FOR LIFE LLC				04-21-2008 90310 013 ***138.75 60025764			8.75	
Principal Place of Business	Mailing Address	·····			OU	023/0	4	
2725 CENTER PLACE 2725 CENTER PLACE			ĺ				•	
MELBOURNE, FL 32940 US	MELBOURNE, FL 3294	o us						
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Principal Place of Business - No P.O. Box # Mailing Address							<u> </u>	
Suite, Apt. #, etc. Suite, Apt. #, etc.				04112008	Chg-LLC	CR2E0	83 (12/06)	
City & State	City & State			4. FEI Numbe 51-041			<u> </u>	plied For at Applicable
Zip Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent	
WILLIAMS, VALARIE		Name	SKIE	EWILZ	KRIST			
2725 CENTER PLACE					er is Not Acceptab	ole)		. –
MELBOURNE, FL 32940			<u> </u>	PIEN	PRIJUE			
		City			· · · · - <u>- </u>		Zip Code	
·			BOU			FL	329	740
The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing its	registered office o	r registere	ed agent, or bol	th, in the State of F	florida. I am l	amiliar with,	and accept
SIGNATURE								
Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signa	lure required	when reinstating)		DATE		
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		: Registered Agent signa	lure required	when reinstating)		DATE ike check pa da Departme		e
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: USANA (WWW. - V)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE