

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056593

Entity Name: BETTER LIVING SYSTEMS, LLC

Current Principal Place of Business:

6649 AMORY CT
6
WINTER PARK, FL 32792

Current Mailing Address:

PO BOX 2489
GOLDENROD, FL 32733 US

FEI Number: 20-3278336

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MICHAEL, ENRIGHT
15013 SPINNAKER COVE LN
WINTER GARDEN, FL 34787 US

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

Authorized Person(s) Detail :

Title DIR
Name ENRIGHT, MICHAEL
Address 15013 SPINNAKER COVE LN
City-State-Zip: WINTER GARDEN FL 34787

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL ENRIGHT

OWNER

03/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date