

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108262

Entity Name: LOVE YOUR HEALTH, LLC

Current Principal Place of Business:

1271 NW 58TH TERRACE
SUNRISE, FL 33313

Current Mailing Address:

1271 NW 58TH TERRACE
SUNRISE, FL 33313

FEI Number: 68-0659530

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLS, BRENDA W
1271 NW 58TH TERRACE
SUNRISE, FL 33313 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 MGR
Name MILLS, BRENDA W
Address 1271 NW 58TH TERRACE
City-State-Zip: SUNRISE FL 33313

Title MGR
Name MILLS, SAMUEL D
Address 1271 NW 58TH TERRACE
City-State-Zip: SUNRISE FL 33313

Title MGRM
Name MILLS, NIKIA A
Address 1271 NW 58TH TERRACE
City-State-Zip: SUNRISE FL 33313

Title MGRM
Name MILLS, MARQUIS D
Address 1271 NW 58TH TERRACE
City-State-Zip: SUNRISE FL 33313

Title MGRM
Name MILLS, MARKEISHA A
Address 1271 NW 58TH TERRACE
City-State-Zip: SUNRISE FL 33313

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRENDA W MILLS

MGR

04/06/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date