

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018869

Entity Name: B-HEALTHY 2, "LLC."

Current Principal Place of Business:

4479 S. 25TH. STREET
FORT PIERCE, FL 34981

Current Mailing Address:

4479 S. 25TH. STREET
FORT PIERCE, FL 34981

FEI Number: 26-1985205

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLACK, PHILIP D
4479 S. 25TH. ST.
FORT PIERCE, FL 34981 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 BLACK, LOUISE
Address 4479 S. 25TH. ST.
City-State-Zip: FORT PIERCE FL 34981

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: LOUISE BLACK

MGR

03/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date