

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009307

**Entity Name:** HEALTHY CHOCOLATE INTERNATIONAL LLC**Current Principal Place of Business:**6834 28TH STREET CIRCLE E  
SARASOTA, FL 34243**Current Mailing Address:**6834 28TH STREET CIRCLE E  
SARASOTA, FL 34243 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TCIB HOLDINGS, LLC  
2417 HIBISCUS ST  
SARASOTA, FL 34239 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:** DELSYS ALMEIDA

04/15/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | MGRM               |
| Name            | FRIEDMAN, AHARON   |
| Address         | 4615 SANABEL WAY   |
| City-State-Zip: | BRADENTON FL 34203 |

|                 |                    |
|-----------------|--------------------|
| Title           | MGRM               |
| Name            | TCIB HOLDINGS, LLC |
| Address         | 2417 HIBISCUS ST   |
| City-State-Zip: | SARASOTA FL 34239  |

|                 |                   |
|-----------------|-------------------|
| Title           | MGRM              |
| Name            | WJM HOLDINGS LLC  |
| Address         | 6097 COCOS DR     |
| City-State-Zip: | FT MYERS FL 33908 |

|                 |                   |
|-----------------|-------------------|
| Title           | MGRM              |
| Name            | ALLE HOLDINGS LLC |
| Address         | 6097 COCOS DR     |
| City-State-Zip: | FT MYERS FL 33908 |

*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:** DELSYS ALMEIDA

MANAGER

04/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date