

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008223

Entity Name: HEALTY IMPRESSIONS, LLC

FILED  
Feb 18, 2010  
Secretary of State

**Current Principal Place of Business:**

HEALTHY IMPRESSIONS  
26841 CLARKSTON DR, STE 13101  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

HEALTHY IMPRESSIONS  
26841 CLARKSTON DR, STE 13101  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 02-0651704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KENNETT, ROBERT L CEO  
26841 CLARKSTON DR  
STE 13101  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: KENNETT, ROBERT L  
Address: 26841 CLARKSTON DR, STE 13101  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T  
Name: KENNETT, JOAN E  
Address: 26841 CLARKSTON DR, STE 13101  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information indicated on this 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.

SIGNATURE: ROBERT L KENETT

P

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date