

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008223

Entity Name: HEALTY IMPRESSIONS, LLC

FILED
Feb 04, 2011
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 KENNETT

P

02/04/2011

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