

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036188

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** SUCCESSFUL LIVING INSTITUTE, P.L.

**Current Principal Place of Business:**

29605 U.S. 19 N  
SUITE 330  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

29605 U.S. 19 N  
SUITE 330  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 20-2773150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALLOW, RICHARD  
3920 MORENO DRIVE  
PALM HARBOR, FL 34685 US

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

FROST, MARY ANN  
3920 MORENO DRIVE  
PALM HARBOR, FL 34685 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: MARY ANN FROST

04/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FROST, MARY ANN  
Address: 3920 MORENO DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

Title: MGR  
Name: METCALF, BRIAN L  
Address: P.O. BOX 718  
City-St-Zip: COLDWATER, MI 49036

Title: MGR  
Name: MALLOW, RICHARD  
Address: 3920 MORENO DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

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: MARY ANN FROST

DR

04/15/2011

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