

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041920

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: GOOD LIFE HOLDING CO., LLC

## Current Principal Place of Business:

4723 POINTE O WOODS DR  
WESLEY CHAPEL, FL 33543 US

## New Principal Place of Business:

2718 BILLINGHAM DR  
LAND O LAKES, FL 34639 US

## Current Mailing Address:

4723 POINTE O WOODS DR  
WESLEY CHAPEL, FL 33543 US

## New Mailing Address:

2718 BILLINGHAM DR  
LAND O LAKES, FL 34639 US

FEI Number: 20-5102170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STOPPA, MICHAEL  
4723 POINTE O WOODS DR  
WESLEY CHAPEL, FL 33543 US

## Name and Address of New Registered Agent:

STOPPA, MICHAEL  
2718 BILLINGHAM DR  
LAND O LAKES, FL 34639 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:

04/26/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: STOPPA, MICHAEL  
Address: 4723 POINTE O WOODS DR  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: MGRM ( ) Delete  
Name: STOPPA, ANNE  
Address: 4723 POINTE O WOODS DR  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: STOPPA, MICHAEL  
Address: 2718 BILLINGHAM DR  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: MGRM (X) Change ( ) Addition  
Name: STOPPA, ANNE  
Address: 2718 BILLINGHAM DR  
City-St-Zip: LAND O LAKES, FL 34639 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL STOPPA

MGRM

04/26/2009

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