

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000057208

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** LOVING LIGHT HEALING CENTER L.L.C.

**Current Principal Place of Business:**

11957 ATOLL AVENUE  
PORT CHARLOTTE, FL 33981

**New Principal Place of Business:**

3579 S. ACCESS RD.  
UNIT H  
ENGLEWOOD, FL 34224 US

**Current Mailing Address:**

11957 ATOLL AVENUE  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

11957 ATOLL AVE  
PORT CHARLOTTE, FL 33981 US

**FEI Number:** 20-4927128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COYKENDALL, LINDA  
11957 ATOLL AVE  
PORT CHARLOTTE, FL 33981 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: MGRM  
Name: COYKENDALL, LINDA L  
Address: 11957 ATOLL AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33981 US

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: LINDA COYKENDALL

MGRM

01/21/2010

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