

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000017459

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** HEALTHY CHOCOLICIOUS, LLC

**Current Principal Place of Business:**

490 DOCK ST.  
CEDAR KEY, FL 32625

**New Principal Place of Business:**

4051 D STREET  
CEDAR KEY, FL 32625 US

**Current Mailing Address:**

PO BOX 926  
CEDAR KEY, FL 32625 US

**New Mailing Address:**

**FEI Number:** 51-0668588      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STEROPLE, JOSEPH  
4307 PATES ST.  
PORT CHARLOTTE, FL 33948 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:** MGR  
**Name:** ZAPRIR, EDITH  
**Address:** 9850 SW 67 ST. POB 926  
**City-St-Zip:** CEDAR KEY, FL 32625 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: EDITH ZAPRIR

MGR

02/16/2012

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