

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024717

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** HEALTHY CONCEPTS FOR LIVING, LLC

**Current Principal Place of Business:**

5206 SW 11TH AVE.  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 101674  
CAPE CORAL, FL 33910

**New Mailing Address:**

**FEI Number:** 26-2175017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDUCATION, HEALTH  
5206 SW 11TH AVE.  
CAPE CORAL, FL 33914 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 ( ) Delete  
Name: MCCONNELL, DEBORAH D  
Address: 14505 CYPRESS TRACE CT.  
City-St-Zip: FT. MYERS, FL 33919

Title: MGRM ( ) Delete  
Name: DYER, DAVID S  
Address: 5206 SW 11TH AVE.  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DYER, DAVID S  
Address: 5206 SW 11TH AVE.  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM (X) Change ( ) Addition  
Name: DYER, GENTRY B  
Address: 4015 WEST PALM AIRE DR. #1006  
City-St-Zip: POMPANO BEACH, FL 33069

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:** DAVID S. DYER

MGR

04/23/2009

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