

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049432

**FILED**  
**Feb 15, 2009**  
**Secretary of State**

**Entity Name:** LIFESTYLE ORGANIZING, LLC

**Current Principal Place of Business:**

265 8TH STREET S.E.  
NAPLES, FL 34117

**New Principal Place of Business:**

21301 S. TAMIAMI TR  
STE 320 - PMB 304  
ESTERO, FL 33928

**Current Mailing Address:**

21301 S. TAMIAMI TRAIL  
STE. 320 - PMB 304  
ESTERO, FL 33928

**New Mailing Address:**

21301 S. TAMIAMI TR  
STE 320 - PMB 304  
ESTERO, FL 33928

**FEI Number:** 26-2634779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOTZ, MARGARET S  
21301 S. TAMIAMI TRAIL  
STE 320 - PMB 304  
ESTERO, FL 33928 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 ( ) Delete  
**Name:** LOTZ, MARGARET S  
**Address:** 21301 S. TAMIAMI TR - STE 320 - PMB 304  
**City-St-Zip:** ESTERO, FL 33928

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** MARGARET S. LOTZ

MGRM

02/15/2009

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