

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000057946

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** APPEADAY LIFESTYLE COUNSELING, LLC

**Current Principal Place of Business:**

27840 FORESTER DRIVE  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

4262 TARPON AVE  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

27840 FORESTER DRIVE  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

4262 TARPON AVE.  
BONITA SPRINGS, FL 34134

**FEI Number:** 26-2796446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, JOHN P  
1575 PINE RIDGE ROAD STE 10  
NAPLES, FL 34109 US

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

CAPOZZO, LEONARD T  
4262 TARPON AVE  
BONITA SPRINGS, FL 34134 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: LEONARD T. CAPOZZO

03/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAPOZZO, KARYN L  
Address: 4262 TARPON AVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR  
Name: CAPOZZO, LEONARD T  
Address: 4262 TARPON AVE  
City-St-Zip: BONITA SPRINGS, FL 34134

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: LEONARD T. CAPOZZO

MGR

03/08/2010

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