

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085575

Entity Name: HEALEY FAMILY, LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

1831 AUDUBON STREET  
CLEARWATER, FL 33764

**New Principal Place of Business:**

1372 EASTFIELD DR.  
CLEARWATER, FL 33764

**Current Mailing Address:**

1831 AUDUBON STREET  
CLEARWATER, FL 33764

**New Mailing Address:**

1372 EASTFIELD DR.  
CLEARWATER, FL 33764

FEI Number: 26-3479817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAURENTS, SUZANNE M  
1831 AUDUBON STREET  
CLEARWATER, FL 33764 US

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

BOKOR, BRUCE ESQ  
911 CHESTNUT  
CLEARWATER, FL 33756 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: BRUCE BOKOR

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: LAURENTS, SUZANNE  
Address: 1372 EASTFIELD DRIVE  
City-St-Zip: CLEARWATER, FL 33764

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: SUZANNE LAURENTS

MGR

04/14/2009

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