

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096316

Entity Name: LIVING LEAN, LLC

FILED  
Feb 03, 2009  
Secretary of State

## Current Principal Place of Business:

555 WEST GRANADA BLVD  
4C  
ORMOND BEACH, FL 32176

## Current Mailing Address:

555 WEST GRANADA BLVD  
4C  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

555 WEST GRANADA BLVD  
C-2  
ORMOND BEACH, FL 32174

## New Mailing Address:

555 WEST GRANADA BLVD  
C-2  
ORMOND BEACH, FL 32174

FEI Number: 80-0290268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRE, BARBARA A  
158 SOUTH HALIFAX DR  
ORMOND BEACH, FL 32176 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: MARINO, RALPH MD  
Address: 555 WEST GRANADA BLVD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete  
Name: TORRE, BARBARA A  
Address: 158 SOUTH HALIFAX DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MARINO, RALPH MD  
Address: 555 WEST GRANADA BLVD C-2  
City-St-Zip: ORMOND BEACH, FL 32174

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: BARBARA TORRE

MGR

02/03/2009

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