


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90098 024 ****50.00

| | | |
|---|--|---|
| DOCUMENT # L01000018851 | |  |
| 1. Entity Name HEALING HANDS, LLC | | |

| | |
|--|---|
| Principal Place of Business 4265 LAKE MARY BLVD LAKE MARY FL 32746 | Mailing Address 946 CONARY LAKE CT SANFORD FL 32773 |
|--|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E083 (4/04)

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|------------------------------------|--|
| 4. FEI Number 59-3754744 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent |
| HOPKINS, WENDY 946 CANARY LAKE CT SANFORD FL 32773 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|--|--|
| FILE NOW!!! FEE IS \$50.00 | |
| Make Check Payable to Florida Department of State | |
| Due By September 8, 2004 | |

| 9. MANAGING MEMBERS / MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOPKINS, WENDY 3300 PALMWAY SANFORD FL 32773 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Wendy Hopkins **7/14/04** **(407) 927-2843**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #