

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000399

DOCUMENT # L01000018851

1. Entity Name
HEALING HANDS, LLC



FILED

03 SEP 30 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

3300 PALMWAY
SANFORD FL 32773

3300 PALMWAY
SANFORD FL 32773

2. Principal Place of Business

3. Mailing Address

4265 Lake Mary Blvd. 946 Canary Lake CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Mary, FL

Sanford, FL

Zip

Country

Zip

Country

32746

USA

32773

USA

4. FEI Number **59-3754744**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOPKINS, WENDY
3300 PALMWAY
SANFORD FL 32773

Name

Wendy Hopkins

Street Address (P.O. Box Number is Not Acceptable)

946 Canary Lake CT

City

SANFORD

FL

Zip Code

32773

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

Signature, typed or printed name of registered agent and title if applicable.

(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 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **HOPKINS, WENDY**
STREET ADDRESS **3300 PALMWAY**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **300023447343**
STREET ADDRESS **09/30/03--01068--005 **50.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)