

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005065

FILED
May 01, 2008
Secretary of State

Entity Name: ANCIENT HEALING SECRETS, L.L.C.

Current Principal Place of Business:

460 OSCEOLA AVE.
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

460 OSCEOLA AVE.
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 01-0618490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GAINES, JULIE A
29 ARBOR CLUB DRIVE
UNIT 214
PONTE VEDRA BEACH, FL 32082 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BORNMILLER, MICHELLE A
Address: 460 OSCEOLA AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM () Delete
Name: GAINES, JULIE A
Address: 460 OSCEOLA AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JULIE A. GAINES

MBR

05/01/2008

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