

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005065

FILED
Apr 20, 2009
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:

412-B OSCEOLA AVE.
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

460 OSCEOLA AVE.
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

412-B OSCEOLA AVE.
JACKSONVILLE BEACH, FL 32250

FEI Number: 01-0618490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAINES, JULIE A
29 ARBOR CLUB DRIVE
UNIT 214
PONTE VEDRA BEACH, FL 32082 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: 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: MGRM (X) Change () Addition
Name: BORNMILLER, MICHELLE A
Address: 412-B OSCEOLA AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM (X) Change () Addition
Name: GAINES, JULIE A
Address: 412-B OSCEOLA AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

MGR

04/20/2009

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