

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90075 003 ****50.00

DOCUMENT # L02000014586

1. Entity Name

ALTERNATIVE HEALING CENTER, LLC



Principal Place of Business

306 N. ORANGE STREET
PERRY FL 32347

Mailing Address

306 N. ORANGE STREET
PERRY FL 32347

2. Principal Place of Business

2846 M.L. Fleming Rd.

Suite, Apt. #, etc.

3. Mailing Address

2846 M.L. FLEMING Rd.

Suite, Apt. #, etc.

City & State
PERRY, FL

Zip
32347

Country
TAYLOR

City & State
PERRY, FL

Zip
32347

Country
TAYLOR

4. FEI Number
04-3712851

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, JUDITH N
306 N. ORANGE STREET
PERRY FL 32347

7. Name and Address of New Registered Agent

Name
ANDREWS, JUDITH N.

Street Address (P.O. Box Number is Not Acceptable)
2846 M.L. Fleming Rd.

City
PERRY FL Zip Code
32347

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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANDREWS, JUDITH N
2846 ML FLEMING ROAD
PERRY FL 32347 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANDREWS, JOSEPH JR.
2846 ML FLEMING ROAD
PERRY FL 32347 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Joseph Andrews Jr.* Joseph Andrews Jr. 1/26/04 820-584-4272

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

Date

Daytime Phone #