

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2003 8:00 am
Secretary of State

08-12-2003 90017 001 *****5.00
08-12-2003 90017 002 *****50.00

DOCUMENT # L02000021039

1. Entity Name

HEAVEN SENT WELLNESS INSTITUTE, L.L.C.



Principal Place of Business

**4455 PINWOOD ROAD
MELBOURNE FL 32934**

Mailing Address

**4455 PINWOOD ROAD
MELBOURNE FL 32934**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

14-1845101

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ELEY, ANGELA K
4455 PINWOOD ROAD
MELBOURNE FL 32934**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WARNER, JANE
4455 PINWOOD ROAD
MELBOURNE FL 32934**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ELEY, ANGELA K
4455 PINWOOD ROAD
MELBOURNE FL 32934**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE REQUIRED

8-5-03 (321)253-1552

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

Date

Daytime Phone #

CR2E083 (4/03)