

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010308

FILED
Aug 28, 2009
Secretary of State

Entity Name: THE REFUGE, A HEALING PLACE, LLC

Current Principal Place of Business:

14835 SE 85TH ST.
OCKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

14835 SE 85TH ST.
OCKLAWAHA, FL 32179

New Mailing Address:

FEI Number: 71-0943490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

CHAPMAN, KRISTINE M ESQ.
2000 GLADES RD STE 306
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

ORTIZ, GEORGE ESQ.
1515 E SILVER SPRINGS BLVD
SUITE 204
OCALA, FL 34470 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: GEORGE ORTIZ

08/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRANE, JUDITH
Address: 14835 SE 85TH ST.
City-St-Zip: OCKLAWAHA, FL 32179

Title: MGR () Delete
Name: HOECHSTETTER, LEW
Address: 990 S. CONGRESS AVE STE 3
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Delete
Name: STEVENSON, SCOTT
Address: 7427 FLORANADA WAY
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: STEINER, JEFFREY
Address: 2201 NW 30TH PL
City-St-Zip: POMPANO BEACH, FL 33069

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: JUDITH CRANE

MGMR

08/28/2009

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