

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000013959

FILED
Aug 31, 2009
Secretary of State

Entity Name: ALL ABOUT HEALING LLC

Current Principal Place of Business:

3016 US HWY 301 N
SUITE 900
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

3016 US HWY 301 N
SUITE 900
TAMPA, FL 33619

New Mailing Address:

FEI Number: 86-1141190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCAULIFFE, MATTHEW M
296 ISLAND GREEN DR
ST AUGUSTINE, FL 32092 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: DIR () Delete
Name: MCAULIFFE, MATTHEW M DIR
Address: 3016 US HWY 301 N SUITE 900
City-St-Zip: TAMPA, FL 33619

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: DIR () Change (X) Addition
Name: TIM, JONES
Address: 5806 SIERRA CREST LANE
City-St-Zip: LITHIA, FL 33547

Title: DIR () Change (X) Addition
Name: LISA, JONES
Address: 5806 SIERRA CREST LANE
City-St-Zip: LITHIA, FL 33547

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: MATTHEW MCAULIFFE

DIR

08/31/2009

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