


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90276 021 ****55.00

DOCUMENT # L05000047770	
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1. Entity Name
JOURNEY INTO HEALING, LLC

Principal Place of Business
100 E. SYBELIA AVE., STE. 340
MAITLAND, FL 32751

Mailing Address
2838 WILLOW BAY TERR
CASSELBERRY, FL 32707

60017564



02162007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
540 E. HORATIO AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

14-1928163

Not Applicable

Zip
32751

Country
USA

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, DEBORAH S
100 E. SYBELIA AVE., STE. 340
MAITLAND, FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

540 E. HORATIO AVE STE 220

City

MAITLAND

FL

Zip Code
32751

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ADAMS, DEBORAH S
2838 WILLOW BAY TERRACE
CASSELBERRY, FL 32707 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Deborah A. Adams DEBORAH S. ADAMS

2/20/07

407/
696-6636

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

Date

Daytime Phone #