

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063648

FILED  
Jun 11, 2009  
Secretary of State

Entity Name: FUNDAMENTAL HEALING, LLC

**Current Principal Place of Business:**

7180 NW 30TH CT  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

419 NORTH OAKHURST DRIVE  
301  
BEVERLY HILLS, CA 90210

**New Mailing Address:**

155 NORTH HAMILTON DRIVE  
102  
BEVERLY HILLS, CA 90211

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
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:**

WAGENKNECHT, VIRGINIA  
7180 NW 30TH CT  
MARGATE, FL 33063 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: MS ( ) Delete  
Name: VIRGINIA, WAGENKNECHT  
Address: 419 NORTH OAKHURST DRIVE #301  
City-St-Zip: BEVERLY HILLS, CA 90210

**ADDITIONS/CHANGES:**

Title: MS (X) Change ( ) Addition  
Name: VIRGINIA, WAGENKNECHT  
Address: 155 NORTH HAMILTON DRIVE #102  
City-St-Zip: BEVERLY HILLS, CA 90211

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: VIRGINIA WAGENKNECHT

MS.

06/11/2009

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