

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000014546

Entity Name: INFINITE HEALING LLC

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

525 WEST BLUE SPRINGS AVE  
ORANGE CITY, FL 32763 US

**New Principal Place of Business:**

914 B MAPLE ST  
NEW SMYRNA BEACH, FL 32169 US

**Current Mailing Address:**

525 WEST BLUE SPRINGS AVE  
ORANGE CITY, FL 32763 US

**New Mailing Address:**

914 B MAPLE ST  
NEW SMYRNA BEACH, FL 32169 US

FEI Number: 22-3921265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHILD, LORI A  
525 WEST BLUE SPRINGS AVE  
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

CHILD, LORI A  
914 B MAPLE ST  
NEW SMYRNA BEACH, FL 32169 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:

03/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHILD, LORI A  
Address: 914 B MAPLE ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

I hereby 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: LORI CHILD

MGR

03/15/2010

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