

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000039200

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** CORE-HEALING COACHING, LLC

**Current Principal Place of Business:**

3332 NE 190TH STREET  
611  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

3332 NE 190TH STREET  
611  
AVENTURA, FL 33180 US

**New Mailing Address:**

**FEI Number:** 65-1276881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEIFER, DIRK  
3332 NE 190TH STREET  
611  
AVENTURA, FL 33180 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:** MGRM  
**Name:** LEIFER, DIRK  
**Address:** 3332 NE 190TH STREET #611  
**City-St-Zip:** AVENTURA, FL 33180 US

**Title:** MGR  
**Name:** LEIFER, CLAUDIA  
**Address:** 3332 NE 190TH STREET #611  
**City-St-Zip:** AVENTURA, FL 33180 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:** DIRK LEIFER

MGRM

04/15/2011

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