

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073925

Entity Name: POWER HEALING, LLC

FILED
Sep 09, 2009
Secretary of State

Current Principal Place of Business:

4630 KIRKMAN RD. SUITE 274
ORLANDO, FL 32811

New Principal Place of Business:

4630 KIRKMAN RD. SUITE 274
ORLANDO, FL 32811

Current Mailing Address:

4630 KIRKMAN RD. SUITE 274
ORLANDO, FL 32811

New Mailing Address:

4630 KIRKMAN RD. SUITE 274
ORLANDO, FL 32811

FEI Number: 56-2599338 FEI Number Applied For () FEI Number Not Applicable () 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:

CARDER, GREG
4630 KIRKMAN RD. #274
ORLANDO, FL 32811 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 () Delete
Name: CARDER, GREG
Address: 4630 KIRKMAN RD. #274
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

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

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: GREG CARDER

MAN

09/09/2009

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