

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114517

FILED
Feb 07, 2012
Secretary of State

Entity Name: HEALING TOUCH THERAPY, LLC

Current Principal Place of Business:

29116 ALESSANDRIA CIRCLE
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

29116 ALESSANDRIA CIRCLE
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 51-0616880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACHANCE, BRIAN M SR
3101 55TH TERRACE SW
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

LACHANCE, BRIAN M SR
29116 ALESSANDRIA CIRCLE
BONITA SPRINGS, FL 34135 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:

02/07/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LACHANCE, BRIAN M SR
Address: 29116 ALESSANDRIA CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM
Name: LACHANCE, JAMIE M
Address: 29116 ALESSANDRIA CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135 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: BRIAN M. LACHANCE SR.

MGRM

02/07/2012

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