

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121821

FILED
Apr 13, 2011
Secretary of State

Entity Name: TRADITIONAL HEALING ARTS LLC

Current Principal Place of Business:

7450 DR. PHILLIPS BLVD., STE 301A
ORLANDO, FL 32819

New Principal Place of Business:

7450 DR. PHILLIPS BLVD.
301A
ORLANDO, FL 32819

Current Mailing Address:

5437 LAKE MARGARET DR
C
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 27-2787613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOJICA, ANJANETTE
5437 LAKE MARGARET DR
C
ORLANDO, FL 32812 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: MOJICA, ANJANETTE
Address: 5437C LAKE MARGARET DR
City-St-Zip: ORLANDO, FL 32812

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: ANJANETTE MOJICA

MGRM

04/13/2011

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