

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010964

Entity Name: THE HEALING VINE, LLC

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

1244 LA FLOSITA DRIVE
PORT ORANGE, FL 32129

New Principal Place of Business:

1233 LA FLOSITA DRIVE
PORT ORANGE, FL 32129

Current Mailing Address:

1244 LA FLOSITA DRIVE
PORT ORANGE, FL 32129

New Mailing Address:

1233 LA FLOSITA DRIVE
PORT ORANGE, FL 32129

FEI Number: 38-3752132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHNKE, JAMES C
1244 LA FLOSITA DRIVE
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

BEHNKE, JAMES C
1233 LA FLOSITA DRIVE
PORT ORANGE, FL 32129 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:

02/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BEHNKE, JAMES C
Address: 1244 LA FLOSITA DR.
City-St-Zip: PORT ORANGE, FL 32129

Title: MGRM () Delete
Name: RESTORING THE FOUNDATIONS INTER., INC.
Address: 2849 LAUREL PARK HIGHWAY
City-St-Zip: HENDERSONVILLE, NC 28739

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BEHNKE, JAMES C
Address: 1233 LA FLOSITA DR.
City-St-Zip: PORT ORANGE, FL 32129

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: JAMES C BEHNKE

MGR

02/09/2009

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