

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045169

FILED
Jan 04, 2008
Secretary of State

Entity Name: HEART2HEART INTEGRATIVE COUNSELING CENTER LLC

Current Principal Place of Business:

445 DOUGLAS AVE
SUITE 2005-17
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

445 DOUGLAS AVE
SUITE 2005-12
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

445 DOUGLAS AVE
SUITE 2005-17
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

445 DOUGLAS AVE
SUITE 2005-12
ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-0141392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENIG, TARA
611 CALIBRE CREST PARKWAY
202
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

WENIG, TARA M
611 CALIBRE CREST PARKWAY
202
ALTAMONTE SPRINGS, FL 32714 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: TARA M. WENIG, MA, LMHC, NCC

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WENIG, TARA
Address: 611 CALIBRE CREST PARKWAY 202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: WENIG, TARA M
Address: 611 CALIBRE CREST PARKWAY 202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: TARA M. WENIG, MA, LMHC, NCC

CEO

01/04/2008

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