

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000045622

**FILED**  
**Oct 24, 2008**  
**Secretary of State**

**Entity Name:** HEALING HANDS OF JJ, L.L.C.

**Current Principal Place of Business:**

8348 COPPERFIELD CIRCLE W  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

8348 COPPERFIELD CIRCLE W  
JACKSONVILLE, FL 32244

**New Mailing Address:**

**FEI Number:** 20-8971407      **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:**

TERESA HARRINGTON CPA  
358 STILES AVENUE  
ORANGE PARK, FL 32073      US

**Name and Address of New Registered Agent:**

TERESA HARRINGTON CPA  
328 STILES AVENUE  
ORANGE PARK, FL 32073      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: TERESA HARRINGTON

10/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ON, JJ  
Address: 8348 COPPERFIELD CIRCLE W  
City-St-Zip: JACKSONVILLE, FL 32244

**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: JJ ON

MGRM

10/24/2008

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