## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000053563

Entity Name: HANDS OF LIGHT HEALING LLC

FILED Oct 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1718 CAPE CORAL PARKWAY EAST CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

4534 ORANGE GROVE BLVD 1718 CAPE CORAL PARKWAY EAST NORTH FT. MYERS, FL 33903 CAPE CORAL, FL 33904

FEI Number: 22-3964569 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: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US LEON, JOHANNA PR 1718 CAPE CORAL PARKWAY EAST CAPE CORAL, FL 33904 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: JOHANNA LEON 10/15/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 LEON, JOHANNA
 Name:
 LEON, JOHANNA

 Address:
 4534 ORANGE GROVE BLVD
 Address:
 1718 CAPE CORAL PKWY EAST

 City-St-Zip:
 NORTH FT. MYERS, FL 33903
 City-St-Zip:
 CAPE CORAL, FL 33904

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: JOHANNA LEON PR 10/15/2009