

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068318

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** HEALING HERBAL SOUPS, LLC

**Current Principal Place of Business:**

7758 WALLACE RD.  
SUITE 10  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

7758 WALLACE RD.  
SUITE 10  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 26-0451048      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

O'SHAUGHNESSY, MICHELLE  
7758 WALLACE RD  
SUITE 10  
ORLANDO, FL 32819 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 ( ) Delete  
Name: O'SHAUGHNESSY, MICHELLE  
Address: 5419 STIRRUP WAY  
City-St-Zip: ORLANDO, FL 32810 US

**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: MICHELLE O'SHAUGHNESSY      PRES      03/20/2009

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