

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90104 010 \*\*\*143.75

**DOCUMENT # L07000093061**

1. Entity Name  
HEAVENLY HEALING LLC



Principal Place of Business  
1140 NW LOMBARDY DR  
PORT ST LUCIE, FL 34986

Mailing Address  
1140 NW LOMBARDY DR  
PORT ST LUCIE, FL 34986

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242008 Chg-LLC CR2E083 (12/06)

4. FEI Number

26-1149742

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, PATRICIA A  
1140 NW LOMBARDY DR  
PORT ST LUCIE, FL 34986

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME BUTLER, PATRICIA A  
STREET ADDRESS 1140 NW LOMBARDY DR  
CITY-ST-ZIP PORT ST LUCIE, FL 34986

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

*Patricia A. Butler* Patricia A. Butler 2/26/08 772-359-3843  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #