

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000093061

**Entity Name:** HEAVENLY HEALING LLC

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1140 NW LOMBARDY DR  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

1140 NW LOMBARDY DR  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 26-1149742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUTLER, PATRICIA A  
1140 NW LOMBARDY DR  
PORT ST LUCIE, FL 34986 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:** MGR  
**Name:** BUTLER, PATRICIA A  
**Address:** 1140 NW LOMBARDY DR  
**City-St-Zip:** PORT ST LUCIE, FL 34986

I hereby 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: PATRICIA A BUTLER

MGR

01/17/2011

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