

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095110

FILED  
May 18, 2008  
Secretary of State

**Entity Name:** SHEKINAH HEALING AND DELIVERANCE CENTER, LLC

**Current Principal Place of Business:**

5057 OKEECHOBEE BOULEVARD  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

5057 OKEECHOBEE BOULEVARD  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

FEI Number: 20-8727203      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:**

LAMPERT, JEFFREY B ESQ.  
590 ROYAL PALM BEACH BOULEVARD  
ROYAL PALM BEACH, FL 33411      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HYLTON, GENROY  
Address: 5057 OKEECHOBEE BOULEVARD  
City-St-Zip: WEST PALM BEACH, FL 33417

**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: GENROY HYLTON

MGR

05/18/2008

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