


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90077 004 ***543.75

DOCUMENT # L07000097376					
1. Entity Name TREE OF LIFE HEALING ARTS, LLC					
Principal Place of Business 7600 RED ROAD 333 NORTH MIAMI, FL 33143 US			Mailing Address 1461 S. OCEAN BOULEVARD 216 POMPANO BEACH, FL 33062 US		
2. Principal Place of Business - No P.O. Box # 7600 Red Road			3. Mailing Address 7600 Red Road		
Suite, Apt. #, etc. Suite 333			Suite, Apt. #, etc. Suite 333		
City & State South Miami, FL			City & State South Miami, FL		
Zip 33143	Country U.S.	Zip 33143	Country U.S.	4. FEI Number 26-1116326	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PRIGIONIERO, LOUIS A 1461 S. OCEAN BOULEVARD 216 POMPANO BEACH, FL 33062			7. Name and Address of New Registered Agent Name MAYRA C. HALL Street Address (P.O. Box Number is Not Acceptable) 7600 Red Road Suite 333 City South Miami, FL Zip Code 33143		
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 <u><i>Mayra C. Hall</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 8-27-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLIPSE, DIANA 4822 GRANADA BOULEVARD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELCH FUSTER, WINIFRED 705 BELLA VISTA AVENUE CORAL GABLES, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, MAYRA C 13420 S.W. 82 STREET MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRISON, MARTHA 3851 BRAGANZA AVENUE COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 606, Florida Statutes.					
SIGNATURE: <u><i>Mayra C. Hall</i></u> MAYRA C. HALL				DATE 8-27-08 Daytime Phone # 305-281-5717	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					