

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123968

FILED
Apr 19, 2009
Secretary of State

Entity Name: HAND IN HAND HEALING, LLC

Current Principal Place of Business:

495 ROBERTS RD
JACKSONVILLE, FL 32259

New Principal Place of Business:

2221 MT. VERNON STREET
ORLANDO, FL 32803

Current Mailing Address:

495 ROBERTS RD
JACKSONVILLE, FL 32259

New Mailing Address:

2221 MT. VERNON STREET
ORLANDO, FL 32803

FEI Number: 26-2116283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 () Delete
Name: SCHUMMER, LISA A
Address: 495 ROBERTS RD
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHUMMER, LISA A
Address: 2221 MT. VERNON STREET
City-St-Zip: ORLANDO, FL 32803

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: LISA SCHUMMER

MGR

04/19/2009

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