

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123968

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** HAND IN HAND HEALING, LLC

**Current Principal Place of Business:**

2221 MT. VERNON STREET  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

2221 MT. VERNON STREET  
ORLANDO, FL 32803

**New Mailing Address:**

**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:**

SCHUMMER, LISA A  
2221 MT. VERNON STREET  
ORLANDO, FL 32803 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: LISA SCHUMMER

04/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: LISA SCHUMMER

MGR

04/14/2010

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