

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000011903

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** ANCIENT ART OF HEALING, LLC

**Current Principal Place of Business:**

5131 SOUTH FLORIDA AVE.  
SUITE 2  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

6700 SOUTH FLORIDA AVE.  
SUITE 5  
LAKELAND, FL 33813 US

**Current Mailing Address:**

6738 FARRIS DR.  
LAKELAND, FL 33811

**New Mailing Address:**

**FEI Number:** 26-2198334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEARDSLEY, MICHAEL A  
6738 FARRIS DR.  
LAKELAND, FL 33811 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: BEARDSLEY, JOSEPH H  
Address: 6738 FARRIS DR.  
City-St-Zip: LAKELAND, FL 33811

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: JOSEPH H. BEARDSLEY

PRES

06/12/2012

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