2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000051898

Entity Name: THE HEALING RAYS FROM ABOVE HOLISTIC HEALTH PRACTICE, LLC

Current Principal Place of Business:

7360 NW51ST STREET
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

7360 NW51ST STREET
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERRELL, DAVID
7360 NW51ST STREET
LAUDERHILL, FL 33319 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: MGRM ( ) Delete
Name: FERRELL, DAVID
Address: 7360 NW51ST STREET
City-St-Zip: LAUDERHILL, FL 33319

Title: MGRM ( ) Delete
Name: LINDSAY, ELAINE
Address: 7360 NW 51ST STREET
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GREGORY F. BURTON, SR. AGNT 04/27/2009

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