

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052649

FILED
Jun 30, 2009
Secretary of State

Entity Name: HEALING HANDS OF SUWANNEE COUNTY, LLC

Current Principal Place of Business:

405 11TH STREET SW, SUITE 101-A
LIVE OAK, FL 32064

New Principal Place of Business:

405 11TH STREET SW
SUITE 101-A
LIVE OAK, FL 32064

Current Mailing Address:

405 11TH STREET SW, SUITE 101-A
LIVE OAK, FL 32064

New Mailing Address:

405 11TH STREET SW
SUITE 101-A
LIVE OAK, FL 32064

FEI Number: 36-4633873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FOWLER, THERESA
405 11TH STREET SW, SUITE 101-A
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

FOWLER, THERESA MGRM
405 11TH STREET SW
SUITE 101-A
LIVE OAK, FL 32064 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: THERESA FOWLER

06/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOWLER, THERESA
Address: 405 11TH STREET SW, SUITE 101-A
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES:

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

Title: MGRM () Delete
Name: LATREILLE, HOLLI
Address: 405 11TH STREET SW, SUITE 101-A
City-St-Zip: LIVE OAK, FL 32064

Title: MGRM (X) Change () Addition
Name: LATREILLE, HOLLI J
Address: 405 11TH STREET SW, SUITE 101-A
City-St-Zip: LIVE OAK, FL 32064

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: THERESA FOWLER

MGRM

06/30/2009

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