2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# L08000078273

Entity Name: UNIVERSAL HEALING CENTER & RELIEF SHELTER LLC

Current Principal Place of Business:

3956 NW 7TH PL.
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

3956 NW 7TH PL.
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 80-0391406 **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: MGRM ( ) Delete
Name: ROBINSON, K.E. MARRIE
Address: 3956 NW 7TH PL.
City-St-Zip: GAINESVILLE, FL 32607 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: CORDERO, CARLOS
Address: 7929 NW 51ST WAY
City-St-Zip: GAINESVILLE, FL US

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: K. E. MARRIE ROBINSON REV. 04/17/2009

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