

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000076451

FILED
Sep 17, 2010
Secretary of State

Entity Name: MACCRAW CENTER FOR ADVANCED HYPNOSIS, L.L.C.

Current Principal Place of Business:

205 W WASHINGTON STREET STE A
MINNEOLA, FL 34755

New Principal Place of Business:

Current Mailing Address:

205 W WASHINGTON STREET STE A
MINNEOLA, FL 34755

New Mailing Address:

PO BOX 577
GROVELAND, FL 34736

FEI Number: 27-0711623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBRIG, ELWOOD M
635 W HWY 50 STE A-1
CLERMONT, FL 34711 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
Name: MACCRAW, DOUGLAS A
Address: PO BOX 577
City-St-Zip: GROVELAND, FL 34736

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: DOUG MACCRAW

MGRM

09/17/2010

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