

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089008

Entity Name: HEALING TOUCH, LLC

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6821 W. HILLSBOROUGH AVE.  
18  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

6821 W. HILLSBOROUGH AVE.  
18  
TAMPA, FL 33634 US

**New Mailing Address:**

FEI Number: 27-0938911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALFONSO, LEOBAN  
6821 W. HILLSBOROUGH AVE.  
18  
TAMPA, FL 33634 US

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

BORREGO IZQUIERDO, RUBEN  
6821 W. HILLSBOROUGH AVE.  
18  
TAMPA, FL 33634 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: RUBEN BORREGO IZQUIERDO

03/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SANTOS RODRIGUEZ, GREGORY DC  
Address: 6821 W. HILLSBOROUGH AVE., SUITE 18  
City-St-Zip: TAMPA, FL 33634 US

Title: MGR  
Name: BORREGO IZQUIERDO, RUBEN  
Address: 6821 W. HILLSBOROUGH AVE., SUITE 18  
City-St-Zip: TAMPA, FL 33634 US

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: GREGORY SANTOS RODRIGUEZ

MGRM

03/24/2010

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