

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000037617

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** HEALING HANDS OF LIFE MASSAGE THERAPY, LLC

**Current Principal Place of Business:**

5826 21ST AVE. SOUTH  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

5826 21ST AVE. SOUTH  
GULFPORT, FL 33707

**New Mailing Address:**

**FEI Number:** 27-2281221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAILIE, KERIN C  
5826 21ST AVE SOUTH  
GULFPORT, FL 33707 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: BAILIE, KERIN C  
Address: 5826 21ST AVE SOUTH  
City-St-Zip: GULFPORT, FL 33707

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: KERIN C. BAILIE

MGRM

04/19/2011

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