

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000058102

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** HAFTEL HEALING ARTS LLC

**Current Principal Place of Business:**

97052 KATFISH DRIVE  
YULEE, FL 32097

**New Principal Place of Business:**

1885 S 14TH ST  
#5  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

97052 KATFISH DRIVE  
YULEE, FL 32097

**New Mailing Address:**

**FEI Number:** 27-2758953      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HAFTEL, MARION E  
97052 KATFISH DRIVE  
YULEE, FL 32097      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:** HAFTEL, MARION E  
**Address:** 97052 KATFISH DRIVE  
**City-St-Zip:** YULEE, FL 32097

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: MARION E HAFTEL

MGRM

04/22/2012

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