

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000072797

FILED
Jan 06, 2011
Secretary of State

Entity Name: COMPASSIONATE CARE HOLISTIC HEALING LLC

Current Principal Place of Business:

530-130 ORANGE GROVE CIRCLE
PASAENA, CA 91105 US

New Principal Place of Business:

Current Mailing Address:

530-130 ORANGE GROVE CIRCLE
PASAENA, CA 91105 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REECE, ALEX
6921 NW 22ND STREET
GAINESVILLE, FL 32653 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: MGR
Name: LLEWELLYN, JIM
Address: 530-130 ORANGE GROVE CIRCLE
City-St-Zip: PASADENA, CA 91105 US

Title: MGR
Name: REECE, ALEX
Address: 6921 NW 22ND STREET
City-St-Zip: GAINESVILLE, FL 32653 US

Title: MGRM
Name: BAGBY, DARRELL
Address: 6921 NW 22ND STREET
City-St-Zip: GAINESVILLE, FL 32653 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: JIM L

MGR

01/06/2011

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