

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000112392

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** BRICKELL HEALING HANDS LLC

**Current Principal Place of Business:**

426 SW 8 ST  
SUITE 6  
MIAMI, FL 33130

**New Principal Place of Business:**

426 SW 8TH ST  
SUITE 6  
MIAMI, FL 33130

**Current Mailing Address:**

426 SW 8 ST  
SUITE 6  
MIAMI, FL 33130

**New Mailing Address:**

426 SW 8TH ST  
SUITE 6  
MIAMI, FL 33130

**FEI Number:** 45-0613731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GISPERT, REYNALDO  
426 SW 8 ST  
SUITE 6  
MIAMI, FL 33130 US

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

GISPERT, REYNALDO  
426 SW 8TH ST  
SUITE 6  
MIAMI, FL 33130 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: REYNALDO GISPERT

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GISPERT, REYNALDO  
Address: 426 SW 8 ST STE#6  
City-St-Zip: MIAMI, FL 33130

Title: MGRM  
Name: GISPERT, NADINA  
Address: 51 SW 11ST STREET APT 1319  
City-St-Zip: MIAMI, FL 33130

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: REYNALDO GISPERT

MGRM

04/24/2012

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