

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000119951

FILED  
Jan 09, 2011  
Secretary of State

**Entity Name:** HIS VINE HEALING HERBS & MORE, LLC

**Current Principal Place of Business:**

1433 SW GOODMAN AVENUE  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1433 SW GOODMAN AVENUE  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 27-4017250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARSHALL, TIMOTHY P  
777 SW PARKER AVENUE  
PORT ST. LUCIE, FL 34953 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: MILLS, CHARLES D  
Address: 1433 SW GOODMAN AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGRM  
Name: MARSHALL, TIMOTHY P  
Address: 777 SW PARKER AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

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: TIMOTHY P MARSHALL

MGRM

01/09/2011

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