

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000009543

Entity Name: ENSO HEALING ARTS, LLC

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

301 S PALMWAY #2  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

403 8TH AVE SOUTH  
LAKE WORTH, FL 33460

**Current Mailing Address:**

301 S PALMWAY #2  
LAKE WORTH, FL 33460

**New Mailing Address:**

403 8TH AVE SOUTH  
LAKE WORTH, FL 33460

FEI Number: 32-0330760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BORSE, KATHERINE LEE  
301 S PALMWAY  
APT #2  
LAKE WORTH, FL 33460 US

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

BORSE, KATHERINE LEE  
403 8TH AVE S  
LAKE WORTH, FL 33460 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: KATHERINE LEE BORSE

04/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BORSE, KATHERINE LEE  
Address: 403 8TH AVE S  
City-St-Zip: LAKE WORTH, FL 33460

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: KATHERINE LEE BORSE

MISS

04/29/2012

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