

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000001697

**FILED**  
**Jan 16, 2004**  
**Secretary of State**

**Entity Name:** HEALING EARTH HOLISTIC CENTER, LLC

**Current Principal Place of Business:**

19022 NORTHEAST 29 AVENUE  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19022 NORTHEAST 29 AVENUE  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 65-0865393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASTOR, SIMON  
19022 NE 29 AVE.  
AVENTURA, FL 33180 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: ASTOR, SIMON D  
Address: 19022 NE 29 AVE.  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: SIMON ASTOR

MGR

01/16/2004

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