

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90024 026 ****50.00

DOCUMENT # L99000006969

1. Entity Name

NATURAL HEALING CENTER, L.L.C.



Principal Place of Business

Mailing Address

**5236 WILLING ST
MILTON FL 32570**

**P.O. BOX 2403
PACE FL 32571-0979**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pace, FL

Zip
32571-0979

Country
SANTA ROSA

Zip

Country

4. FEI Number **59-3607520**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IOAKIM, DEBORAH M
6282 PINE TERRACE CIRCLE
MILTON FL 32570**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
IOAKIM, DEBORAH M
6282 PINE TERRACE CIRCLE
MILTON FL 32570-7817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MATCHETT, RAMONA L
2424 HIGHWAY 182
JAY FL 32565-9410** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Ramona L. Matchett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

RAMONA L. MATCHETT 3-24-03 850-572-0678

CR2F083 (10/02)