

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006691

Entity Name: THE HEALING ANGELS, LLC

FILED
May 05, 2009
Secretary of State

Current Principal Place of Business:

1639 MOUNT VERNON DR.
ST. CHARLES, MO 63303

New Principal Place of Business:

Current Mailing Address:

220 C BRAESHIRE DRIVE
BALLWIN, MO 63021

New Mailing Address:

FEI Number: 20-1233458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BAKER, LESLIE
5499 RIVERBLUFF CIR.
SARASOTA, FL 34231 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: MGRM () Delete
Name: MURPHY, ERIN
Address: 220C BRAESHIRE DR.
City-St-Zip: BALLWIN, MO 63021

Title: MGRM () Delete
Name: BAKER, LESLIE
Address: 1639 MOUNT VERNON DRIVE
City-St-Zip: ST. CHARLES, MO 63303

Title: MGRM () Delete
Name: WISMANN, HAROLD C
Address: 5499 RIVERBLUFF CIRCLE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LESLIE BAKER

MGRM

05/05/2009

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