

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000077480

Entity Name: LINCOLN COLLEGE OF NATURAL HEALTH, LLC

Current Principal Place of Business:

1705 LEMON AVE
ENGLEWOOD, FL 34223

Current Mailing Address:

1705 LEMON AVE
ENGLEWOOD, FL 34223

FEI Number: 45-2458429

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONAGHAN, PATTY L
1705 LEMON AVE
ENGLEWOOD, FL 34223 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MONAGHAN, PATTY L	Name	MONAGHAN, THOMAS R
Address	1705 LEMON AVE	Address	1705 LEMON AVE
City-State-Zip:	ENGLEWOOD FL 34223	City-State-Zip:	ENGLEWOOD FL 34223

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATTY L. MONAGHAN

MANAGER

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date