

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000160900

Entity Name: HEAVEN SCENT HEALTH CENTER LLC

Current Principal Place of Business:

2629 HEMPEL AVE
ORLANDO, FL 34786

Current Mailing Address:

2629 HEMPEL AVE
ORLANDO, FL 34786

FEI Number: 46-4116670

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BADAMO, DEBORAH K
2629 HEMPEL AVE
ORLANDO, FL 34786 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 AUTHORIZED REPRESENTATIVE
Name BADAMO, DEBORAH K
Address 2629 HEMPEL AVE
City-State-Zip: ORLANDO FL 34786

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: DEBORAH K BADAMO

**AUTHORIZED
REPRESENTATIVE**

03/31/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date