

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100056

FILED
Jan 05, 2010
Secretary of State

Entity Name: HOLISTIC HEALING CENTER, LLC

Current Principal Place of Business:

1590 NE 162ND STREET
400
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

1590 NE 162ND STREET
400
MIAMI, FL 33162

New Mailing Address:

FEI Number: 20-3623444 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRAIG M. DORNE, PA
407 LINCOLN ROAD
PH-SE
MIAMI BEACH, FL 33139 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
Name: GIORDANO, JOHN
Address: 1590 NE 162ND STREET SUITE 400
City-St-Zip: MIAMI, FL 33162

Title: MGRM
Name: GOLDFARB, GERALD S
Address: 1590 NE 162ND STREET SUITE 400
City-St-Zip: MIAMI, FL 33162

Title: MGRM
Name: GOLDFARB, GERALD H
Address: 1590 NE 162ND STREET SUITE 400
City-St-Zip: MIAMI, FL 33162

I hereby 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: CHRISTINE FUCHS-GOSSELIN

GM

01/05/2010

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