

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100056

FILED  
Jan 06, 2011  
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 ( )**

**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: JOHN GIORDANO      MGMR      01/06/2011

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