

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118880

FILED
Feb 17, 2006
Secretary of State

Entity Name: HOLISTIC WELLNESS CONSULTING, LLC

Current Principal Place of Business:

23 NORTH SUMMERLIN AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1866
WINTER PARK, FL 32790

New Mailing Address:

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

Name and Address of Current Registered Agent:

GREENE & LEE, P.L.
111 N. ORANGE AVENUE
SUITE 1450
ORLANDO, FL 32801 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: BURKE, CHERYL A
Address: 111 N. ORANGE AVENUE, SUITE 1125
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURKE, CHERYL A
Address: PO BOX 1866
City-St-Zip: WINTER PARK, FL 32790

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL A BURKE

MGRM

02/17/2006

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