

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118880

FILED
Mar 20, 2009
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: 20-4368437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, WHITNEY
111 N. ORANGE AVENUE
SUITE 1125
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: PO BOX 1866
City-St-Zip: WINTER PARK, FL 32790

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 BURKE

DR

03/20/2009

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