

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007088

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** HOLISTIC COGNITIVE THERAPY, LLC

**Current Principal Place of Business:**

717 PONCE DE LEON  
STE 318  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

717 PONCE DE LEON  
STE 318  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 27-1738612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ SERVICE  
9975 NW 127TH ST  
HIALEAH GARDENS, FL 33018 US

**Name and Address of New Registered Agent:**

RODRIGUEZ, VICTORINO A  
9975 NW 127TH ST  
HIALEAH GARDENS, FL 33018 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: VICTORINO RODRIGUEZ

04/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: LARRAIN, FLORENCIA Q  
Address: 717 PONCE DE LEON - STE 318  
City-St-Zip: CORAL GABLES, FL 33134

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: FLORENCIA Q LARRAIN

P

04/19/2012

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