

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041036

Entity Name: HOLISTIC WELLNESS, LLC

Current Principal Place of Business:

7019 TREYMORE COURT
SARASOTA, FL 34243

Current Mailing Address:

7019 TREYMORE COURT
SARASOTA, FL 34243 US

FEI Number: 20-1326412

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SIMS, KATHLEEN D
Address 7019 TREYMORE COURT
City-State-Zip: SARASOTA FL 34243

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN D SIMS

MGRM

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date