2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2020
Secretary of State
6385249588CC

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Entity Name: HOLISTIC WELLNESS CONSULTING, LLC

Current Principal Place of Business:

2431 ALOMA AVE
SUITE 251
WINTER PARK, FL 32790

Current Mailing Address:

P.O. BOX 1866
WINTER PARK, FL 32790

FEI Number: 20-4368437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURKE, CHERYL
4179 SE OLD ST LUCIE BLVD
STUART, FL 34996 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: CHERYL BURKE 06/06/2020

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	BURKE, CHERYL A
Address	PO BOX 1866
City-State-Zip:	WINTER PARK FL 32790

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: CHERYL BURKE CEO 06/06/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date