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.

CEO

SIGNATURE: STEPHEN R BERTELLI

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L07000045155

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: YOUR HOLISTIC LIFE LLC

#### **Current Principal Place of Business:**

328 N OCEAN BLVD 707 POMPANO BEACH, FL 33062

### **Current Mailing Address:**

328 N OCEAN BLVD 707 POMPANO BEACH, FL 33062

#### FEI Number: 06-1813578

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

BERTELLI, STEPHEN R 328 N OCÉAN BLVD 707 POMPANO BEACH, FL 33062 US

SIGNATURE:

## Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	BERTELLI, STEPHEN R	Name	STOETZNER, PHILIP E
Address	328 N OCEAN BLVD 707	Address	328 N OCEAN BLVD 707
City-State-Zip:	POMPANO BEACH FL 33062	City-State-Zip:	POMPANO BEACH FL 33062

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.

# Certificate of Status Desired: No

04/15/2017 Date

Date

FILED Apr 15, 2017 Secretary of State CC0773847473