

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000007088

Entity Name: HOLISTIC COGNITIVE THERAPY, LLC

Current Principal Place of Business:

717 PONCE DE LEON
STE 318
CORAL GABLES, FL 33134

Current Mailing Address:

717 PONCE DE LEON
STE 318
CORAL GABLES, FL 33134

FEI Number: 27-1738612

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

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

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: FLORENCIA Q LARRAIN

PRESIDENT

04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date