

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007088

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

**Current Principal Place of Business:**

717 PONCE DE LEON  
STE 202  
CORAL GABLES, FL 33134

**Current Mailing Address:**

717 PONCE DE LEON  
STE 202  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-1738612

**Certificate of Status Desired:** No

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

LARRAIN, FLORENCIA Q  
717 PONCE DE LEON  
STE 202  
CORAL GABLES, FL 33134 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:** FLORENCIA Q LARRAIN

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LARRAIN, FLORENCIA Q  
Address 323 SW 31 AVE  
City-State-Zip: MIAMI FL 33135

*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:** LARRAIN , FLORENCIA , Q

PD

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date