

**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