

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000033150

Entity Name: ATS HOLISTIC HEALTH, LLC

Current Principal Place of Business:

4951 BONSAI CIRCLE
APT 209
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

4951 BONSAI CIRCLE
APT 209
PALM BEACH GARDENS, FL 33418 US

FEI Number: 46-2208427

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STOWELL, ANN T
4951 BONSAI CIRCLE
APT 209
PALM BEACH GARDENS, FL 33418 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 MGRM
Name STOWELL, ANN T
Address 4951 BONSAI CIRCLE, #209
City-State-Zip: PALM BEACH GARDENS FL 33418

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: ANN T STOWELL

MGRM

03/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date