**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 25, 2014**
**Secretary of State**
**CC9212541725**

DOCUMENT# L13000134881

**Entity Name:** TODD HUDSON HOLISTIC HEALTH & CHIROPRACTIC LLC

**Current Principal Place of Business:**

3540 OSPREY AVE
SARASOTA, FL 34239

**Current Mailing Address:**

3540 OSPREY AVE
SARASOTA, FL 34239 US

**FEI Number: 46-3752091**

**Certificate of Status Desired:** No

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

KUIKEN, LYNN
4370 S TAMIAMI TRAIL
SUITE 316
SARASOTA, FL 34231 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 | Title | MGRM |
| Name | HUDSON, TODD | Name | SARASON, MARK |
| Address | 3540 OSPREY AVE | Address | 3540 OSPREY AVE |
| City-State-Zip: | SARASOTA FL 34239 | City-State-Zip: | SARASOTA FL 34239 |

*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: TODD HUDSON MGRM 04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date