

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000168829

**Entity Name:** HOLISTIC HANDS ENTERPRISES LLC

**Current Principal Place of Business:**

1223 E. LAFAYETTE STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

1223 E. LAFAYETTE STREET  
TALLAHASSEE, FL 32301 US

**FEI Number: 88-2006417**

**Certificate of Status Desired: No**

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

MILLER, JAZMIN D  
1223 E. LAFAYETTE STREET  
TALLAHASSEE, FL 32301 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 AP  
Name MILLER, ANTONIO A JR  
Address 1223 E. LAFAYETTE STREET  
City-State-Zip: TALLAHASSEE FL 32301

*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: ANTONIO A. MILLER JR**

**AP**

**03/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date