

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90534 036 ****50.00

DOCUMENT # L04000041036

1. Entity Name
HOLISTIC WELLNESS, LLC



40040110

Principal Place of Business
**7041 LENNOX PLACE
UNIVERSITY PARK, FL 34201**

Mailing Address
**46 N. WASHINGTON BOULEVARD, #1
SARASOTA, FL 34236**

2. Principal Place of Business

3. Mailing Address
7041 LENNOX PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022005 Chg-LLC CR2E083 (10/03)

City & State

City & State
UNIVERSITY PARK FL

4. FEI Number

20-1326412

Applied For

Not Applicable

Zip

Country

Zip

34201

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SIMS, KATHLEEN D
7041 LENNOX PLACE
UNIVERSITY PARK, FL 34201** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7019 TREYMORE COURT
SARASOTA, FL 34243** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Kathleen D. Sims, MGRM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

KATHLEEN D. SIMS, MGRM

Date

Daytime Phone #