

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000051496

FILED
Feb 06, 2006
Secretary of State

Entity Name: HOLISTIC HEALTH CENTER, LLC.

Current Principal Place of Business:

8700 N. KENDALL DRIVE
SUITE 218
MIAMI, FL 33176

New Principal Place of Business:

4343 WEST FLAGLER ST
SUITE 101
MIAMI, FL 33145

Current Mailing Address:

8700 N. KENDALL DRIVE
SUITE 218
MIAMI, FL 33176

New Mailing Address:

511 SANTANDER AVE
APT #2
CORAL GABLES, FL 33134

FEI Number: 20-1595032 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZURBARAN, MARJORIE
8700 N. KENDALL DRIVE
SUITE 218
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

ZURBARAN, MARJORIE
511 SANTANDER AVE
APT # 2
CORAL GABLES, FL 33134 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: MARJORIEZURBARAN

02/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZURBARAN, MARJORIE
Address: 8700 N. KENDALL DRIVE, SUITE 218
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZURBARAN, MARJORIE
Address: 511 SANTANDER
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARJORIE ZURBARAN

MGRM

02/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date