

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000014441

1. Entity Name  
WHOLISTIC MENTAL HEALTH, LLC



Principal Place of Business  
370 ROZENA LOOP  
HAVANA, FL 32333

Mailing Address  
PO BOX 147  
MIDWAY, FL 32343

BK

FILED

07 AUG 31 PM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08312007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
~~69-3431203~~ 113785032 Applied For  
Not Applicable

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

ROBINSON, JACKIE  
370 ROZENA LOOP  
HAVANA, FL 32333

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 September 14, 2007

BK

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE  
NAME MGRM  
STREET ADDRESS ROBINSON, JACKIE  
CITY-ST-ZIP 370 ROZENA LOOP  
HAVANA, FL 32333 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700109213547  
09/07/07--01035--026 \*\*50.00

TITLE  
NAME MGRM  
STREET ADDRESS ROBINSON, CHARLES  
CITY-ST-ZIP 370 ROZENA LOOP  
HAVANA, FL 32333 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Secre Mgrm.  
Fannie Collins  
PO Box 147  
Midway, FL 32343

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

8-31-07 850 443 4146