

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019936

Entity Name: HOLISTIC HEALTH STUDIO, LLC

FILED
Mar 29, 2009
Secretary of State

Current Principal Place of Business:

5700 COLLINS AVENUE STE 16M
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

112 NE 41ST STREET
MIAMI, FL 33137

New Mailing Address:

FEI Number: 20-4318787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNEFF, STEVEN
112 41ST STREET
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

MCNEFF, STEVEN
112 NE 41ST STREET
MIAMI, FL 33137 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: STEVEN MCNEFF

03/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEN-ZION, ESTER PH.D.
Address: 5700 COLLINS AVENUE STE 16M
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: BEN-ZION, AMIR
Address: 5700 COLLINS AVENUE STE 16M
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEN-ZION, ESTER PH.D.
Address: 5700 COLLINS AVENUE PH-A
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM (X) Change () Addition
Name: BEN-ZION, AMIR
Address: 5700 COLLINS AVENUE PH-A
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify 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: ESTER BENZION

MGRM

03/29/2009

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