

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081679

FILED
Apr 22, 2009
Secretary of State

Entity Name: HOLISTIC HEALTH CONSULTANTS LLC

Current Principal Place of Business:

9441 W SAMPLE RD
SUITE 208
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3840 WEST HILLSBORO BLVD. SUITE 146
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 26-1424077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIDRAH, ANDREW
3840 WEST HILLSBORO BLVD., SUITE 146
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VIDRAH, ANDREW
Address: 3840 WEST HILLSBORO BLVD., SUITE 146
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VIDRAH, ANDREW
Address: 3840 WEST HILLSBORO BLVD., SUITE 146
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGRM () Change (X) Addition
Name: MCMULLEN, MATTHEW
Address: 184 SE SAINT JOHNS STREET
City-St-Zip: LAKE CITY, FL 32025

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: ANDREW VIDRAH

MGR

04/22/2009

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