

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000000047

**FILED**  
**Nov 30, 2008**  
**Secretary of State**

**Entity Name:** HOLISTIC ENERGY SOURCE LLC

**Current Principal Place of Business:**

3600 S. STATE RODD 7  
5  
MIRAMAR, FL 33023 US

**New Principal Place of Business:**

1909 S. OAK HAVEN CR  
MIAMI, FL 33179 US

**Current Mailing Address:**

PO BOX 531183  
MIAMI, FL 33153 US

**New Mailing Address:**

PO BOX 531183  
MIAMI, FL 33153 US

**FEI Number:** 74-3247244      **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:**

JOSEPH, ROSELINE  
3600 S. STATE ROAD 7  
5  
MIRAMAR, FL 33023 US

**Name and Address of New Registered Agent:**

JOSEPH, ROSELINE  
1909 S. OAK HAVEN CR  
MIAMI, FL 33179 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: ROSELINE JOSEPH

11/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOSEPH, ROSELINE  
Address: 3600 S. STATE ROAD 7  
City-St-Zip: MIRAMAR, FL 33023 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JOSEPH, ROSELINE  
Address: 1909 S. OAK HAVEN CR  
City-St-Zip: MIAMI, FL 33179 US

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: ROSELINE JOSEPH

MGRM

11/30/2008

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