

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000018497

**FILED**  
**Mar 13, 2010**  
**Secretary of State**

**Entity Name:** NORTHERN HOLISTIC CENTER MANAGEMENT, LLC

**Current Principal Place of Business:**

5400 BISCAYNE DRIVE  
NORTH PORT, FL 34287

**New Principal Place of Business:**

5400 BISCAYNE DRIVE  
SUITE #A  
NORTH PORT, FL 34287

**Current Mailing Address:**

5400 BISCAYNE DRIVE  
NORTH PORT, FL 34287

**New Mailing Address:**

5400 BISCAYNE DRIVE  
SUITE #A  
NORTH PORT, FL 34287

**FEI Number:** 26-2026454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUPISHCHEV, ANTONINA  
11723 TEMPEST HARBOR LOOP  
VENICE, FL 34292 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: MGR  
Name: SUPISHCHEV, ANTONINA  
Address: 11723 TEMPEST HARBOR LOOP  
City-St-Zip: VENICE, FL 34292

Title: MGRM  
Name: SUPISHCHEV, DANIIL  
Address: 11723 TEMPEST HARBOR LOOP  
City-St-Zip: VENINCE, FL 34292

I hereby 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: ANTONINA SUPISHCHEV

OWNE

03/13/2010

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