

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099209

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: TOTAL HOLISTIC CARE, LLC

## Current Principal Place of Business:

230 174TH STREET  
APT. 1602  
SUNNY ISLES, FL 33160 US

## New Principal Place of Business:

18555 COLLINS AVE  
SUITE # 100-177  
SUNNY ISLES, FL 33160 US

## Current Mailing Address:

230 174TH STREET  
APT. 1602  
SUNNY ISLES, FL 33160 US

## New Mailing Address:

18555 COLLINS AVE  
SUITE # 100-177  
SUNNY ISLES, FL 33160 US

FEI Number: 26-3616920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOTLYAR, GALINA  
230 174TH STREET  
APT. 1602  
SUNNY ISLES, FL 33160 US

## Name and Address of New Registered Agent:

KOTLYAR, GALINA  
18555 COLLINS AVE  
SUITE # 100-177  
SUNNY ISLES, FL 33160 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: GALINA KOTLYAR

04/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KOTLYAR, GALINA  
Address: 230 174TH STREET APT. 1602  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM ( ) Delete  
Name: TAUBMAN, FELIX  
Address: 230 174TH STREET APT. 1602  
City-St-Zip: SUNNY ISLES, FL 33160 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KOTLYAR, GALINA  
Address: 18555 COLLINS AVE., SUITE # 100-177  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM (X) Change ( ) Addition  
Name: TAUBMAN, FELIX  
Address: 18555 COLLINS AVE., SUITE # 100-177  
City-St-Zip: SUNNY ISLES, FL 33160 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: GALINA KOTLYAR

PRES

04/27/2009

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