

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Nov 06, 2009
Secretary of State**

DOCUMENT# L08000099209

Entity Name: TOTAL HOLISTIC CARE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
18555 COLLINS AVE
SUITE # 100-177
SUNNY ISLES, FL 33160 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: KOTLYAR, GALINA
Address: 18555 COLLINS AVE., SUITE # 100-177
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM () Delete
Name: TAUBMAN, FELIX
Address: 18555 COLLINS AVE., SUITE # 100-177
City-St-Zip: SUNNY ISLES, FL 33160 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TAUBMAN, MICHAEL
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

MGRM

11/06/2009

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