

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099209

FILED
Jan 06, 2011
Secretary of State

Entity Name: TOTAL HOLISTIC CARE, LLC

Current Principal Place of Business:

18555 COLLINS AVE
SUITE # 100-177
NORTH MIAMI, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

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

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

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: GALINA KOTLYAR MGRM 01/06/2011

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