

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042801

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** ARUBAH HOLISTIC CARE AND SERVICES LLC

**Current Principal Place of Business:**

803 UNIVERSITY BLVD  
105  
JUPITER, FL 33458 US

**New Principal Place of Business:**

2995 SE ASTER LANE  
H207  
STUART, FL 34994 US

**Current Mailing Address:**

803 UNIVERSITY BLVD  
105  
JUPITER, FL 33458 US

**New Mailing Address:**

2995 SE ASTER LANE  
207  
STUART, FL 34994 US

**FEI Number:** 26-4796613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALTON, JOHNAVIA N  
803 UNIVERSITY BLVD  
105  
JUPITER, FL 33458 US

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

WALTON, JOHNAVIA N  
2995 SE ASTER LANE  
H207  
STUART, FL 34994 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:**

04/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WALTON, JOHNAVIA N  
**Address:** 2995 SE ASTER LANE H207  
**City-St-Zip:** STUART, FL 34994 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:** JOHNAVIA N WALTON

MM

04/18/2010

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