

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000042801

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2995 SE ASTER LANE  
H207  
STUART, FL 34994 US

**New Principal Place of Business:**

5986 GOLDEN EAGLE CIRCLE  
LANE 1  
PALM BEACH GARDENS, FL 33418 US

**Current Mailing Address:**

2995 SE ASTER LANE  
207  
STUART, FL 34994 US

**New Mailing Address:**

5986 GOLDEN EAGLE CIRCLE  
LANE 1  
PALM BEACH GARDENS, FL 33418 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  
2995 SE ASTER LANE  
H207  
STUART, FL 34994 US

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

WALTON, JOHNAVIA N  
5986 GOLDEN EAGLE CIRCLE  
LANE 1  
PALM BEACH GARDENS, FL 33418 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:

04/26/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WALTON, JOHNAVIA N  
Address: 5986 GOLDEN EAGLE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 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

04/26/2011

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