

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042801

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
5986 GOLDEN EAGLE CIRCLE  
LANE 1  
PALM BEACH GARDENS, FL 33418 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: WALTON, JOHNAVIA N  
Address: 5986 GOLDEN EAGLE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGR  
Name: WALTON, JONATHAN L  
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

MGRM

04/10/2012

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