

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000050675

**FILED**  
**Jun 29, 2011**  
**Secretary of State**

**Entity Name:** HOLISTIC ANGER MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

5450 BRUCE B. DOWNS BLVD., #372  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

5450 BRUCE B. DOWNS BLVD., #372  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

RACQUEL, PIPER  
5450 BRUCE B DOWNS BLVD  
WESLEY CHAPEL, FL 33544 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: RACQUEL PIPER

06/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PIPER, RACQUEL  
Address: 5450 BRUCE B. DOWNS BLVD., #372  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: S  
Name: PIPER, RACQUEL  
Address: 5450 BRUCE B. DOWNS BLVD., #372  
City-St-Zip: WESLEY CHAPEL, FL 33544

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: RACQUEL PIPER

MGR

06/29/2011

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