

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000111811

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** HOLISTIC IN-HOME SUPPORT SERVICES, LLC

**Current Principal Place of Business:**

1013 ENON CT  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

1013 ENON CT  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 27-1422202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRIAN ROWLAND, P.A.  
10752 DEERWOOD PARK BLVD SOUTH  
WATERVIEW II - STE 8  
JACKSONVILLE, FL 32256 US

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

BRIAN ROWLAND, P.A.  
4241 BAYMEADOWS ROAD  
SUITE 8  
JACKSONVILLE, FL 32217 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:

03/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCKENZIE, ALICIA L  
Address: 1013 ENON CT  
City-St-Zip: ST AUGUSTINE, FL 32092

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: ALICIA MCKENZIE

MGRM

03/09/2011

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