

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057539

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** HOLISTIC HEALING POINTE, LLC

**Current Principal Place of Business:**

701 POST LAKE PL., #207  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

701 POST LAKE PL., #207  
APOPKA, FL 32703 US

**New Mailing Address:**

**FEI Number:** 27-2712851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WINTERS, SHARLETTE R  
4353 EDGEWATER DR  
SUITE # 3  
ORLANDO, FL 32804 US

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

WINTERS, SHARLETTE R  
701 POST LAKE PL.  
#207  
APOPKA, FL 32703 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:** SHARLETTE R WINTERS

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WINTERS, SHARLETTE R  
**Address:** 701 POST LAKE PL., #207  
**City-St-Zip:** APOPKA, FL 32703 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:** SHARLETTE R WINTERS

MGR

04/18/2011

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