2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

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Entity Name: J & J HOLISTIC CARE CENTER LLC

Current Principal Place of Business:

2821 HUNT ST
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

11789 PAINTED DESERT WAY
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 01-0931539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKINS, JENNETTE
1521 MOOSE CREEK CT
JACKSONVILLE, FL 32218 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: MGR
Name: THOMAS, JOYCE
Address: 11789 PAINTED DESERT WAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGR
Name: AKINS, JENNETTE
Address: 1521 MOOSE CREEK CT
City-St-Zip: JACKSONVILLE, FL 32218

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 Statues.

SIGNATURE: JOYCE THOMAS MGR 01/05/2012

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