

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099209

**Entity Name:** TOTAL HOLISTIC CARE, LLC

**Current Principal Place of Business:**

7901 4TH ST. N  
STE 7676  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH ST. N  
STE 7676  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 26-3616920

**Certificate of Status Desired:** Yes

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

KOTLYAR, GALINA  
7901 4TH ST. N  
ST. PETERSBURG, FL 33702 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KOTLYAR, GALINA  
Address 7901 4TH ST. N  
STE 7676  
City-State-Zip: ST. PETERSBURG FL 33702

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GALINA KOTLYAR

MGR

04/06/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date