

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099209

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

**Current Principal Place of Business:**

18401 COLLINS AVE, SUITE # 100-177  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

18401 COLLINS AVE, SUITE # 100-177  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 26-3616920

**Certificate of Status Desired:** No

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

KOTLYAR, GALINA  
18401 COLLINS AVE  
SUITE # 100-177  
SUNNY ISLES BEACH, FL 33160 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 18401 COLLINS AVE.  
SUITE 100-177  
City-State-Zip: SUNNY ISLES FL 33160

*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

**REGISTRED AGENT**

**01/24/2017**

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

\_\_\_\_\_  
Date