

2019 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 RD _____

MANAGER

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date