

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000074537

Entity Name: THE HOLISTIC MENTAL HEALTH CLINIC, LLC

Current Principal Place of Business:

6161 DR. MARTIN LUTHER KING, JR. ST. N.
STE. 202
ST. PETERSBURG, FL 33703

Current Mailing Address:

6161 DR. MARTIN LUTHER KING, JR. ST. N.
STE. 202
ST. PETERSBURG, FL 33703

FEI Number: 27-3081341

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BONNER NELSON, LYNN W
6161 DR. MARTIN LUTHER KING JR. ST. N.
STE. 202
ST. PETERSBURG, FL 33703 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 BONNER NELSON, LYNN W
Address 6161 DR. MARTIN LUTHER KING JR.
ST. N.
City-State-Zip: ST. PETERSBURG FL 33703

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: LYNN BONNER NELSON

MANAGING MEMBER

03/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date