

**2017 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. 204  
ST. PETERSBURG, FL 33703

**Current Mailing Address:**

6161 DR. MARTIN LUTHER KING, JR. ST. N.  
STE. 204  
ST. PETERSBURG, FL 33703 US

**FEI Number:** 27-3081341

**Certificate of Status Desired:** No

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

BONNER NELSON, LYNN W  
6161 DR. MARTIN LUTHER KING JR. ST. N.  
STE. 204  
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 W. BONNER NELSON

**MANAGER**

**02/10/2017**

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

\_\_\_\_\_  
Date