

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000041258

**Entity Name:** HOLISTIC BILLING SERVICES, LLC

**Current Principal Place of Business:**

140 N WESTMONTE DR, SUITE 100  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

140 N WESTMONTE DR, SUITE 100  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 46-5363775

**Certificate of Status Desired:** No

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

LOWMAN, JR, WILLIAM R ESQ  
SHUFFIELD, LOWMAN & SILSON, P.A.  
1000 LEGION PL, SUITE 1700  
ORLANDO, FL 32801 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 MGR  
Name ARIAS, ANTONIO SR  
Address 140 N WESTMONTE DR, SUITE 100  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** ANTONIO ARIAS

**MANAGER**

**06/19/2020**

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

\_\_\_\_\_  
Date