

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000154029

**Entity Name:** HOLMEDICAL HOLISTIC HEALTH AND WELLNESS LLC

**Current Principal Place of Business:**

504 OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

695 A1A NORTH  
UNIT 6  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 47-5363322

**Certificate of Status Desired:** No

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

POSADA, ADRIANA  
695 A1A NORTH  
UNIT 6  
PONTE VEDRA BEACH, FL 32082 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 POSADA, ADRIANA  
Address 504 OSCEOLA AVENUE  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** ADRIANA POSADA

MGR

04/19/2017

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

\_\_\_\_\_  
Date