2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2018
Secretary of State
CC6139528107

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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 03/14/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date