

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000097958

**Entity Name:** CR HOLISTIC THERAPY LLC

**Current Principal Place of Business:**

484 NW 165TH ST RD  
APT A512  
MIAMI, FL 33169

**Current Mailing Address:**

484 NW 165TH ST RD  
APT A512  
MIAMI, FL 33169 US

**FEI Number:** 81-2738530

**Certificate of Status Desired:** No

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

RIOS, CATHERINE  
484 NW 165TH ST RD  
APT A512  
MIAMI, FL 33169 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 RIOS, CATHERINE  
Address 484 NW 165TH ST RD APT A512  
City-State-Zip: MIAMI FL 33169

*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:** CATHERINE RIOS

PSD

04/22/2018

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

\_\_\_\_\_  
Date