

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000008729

Entity Name: HOLISTIC CARE SERVICES CENTRE LLC

Current Principal Place of Business:

13527 TEXAS WOODS CIRCLE
ORLANDO, FL 32824

Current Mailing Address:

13527 TEXAS WOODS CIRCLE
ORLANDO, FL 32824 US

FEI Number: 85-4321036

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLISTIC CARE AND NURSING SERVICES
390 NORTH ORANGE AVE., STE 2300
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: ROSE POMPEE

03/13/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMGR
Name POMPEE, ROSE
Address 13417 UTAH WOODS CT
City-State-Zip: ORLANDO FL 32824

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: ROSE POMPEE

AMGR

03/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date