

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000418558

**Entity Name:** ORIENTAL MEDICINE HOLISTIC HEALTH CARE LLC

**Current Principal Place of Business:**

508 N. RAINBOW DR.  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

508 N. RAINBOW DR.  
HOLLYWOOD, FL 33021 UN

**FEI Number: 87-4304467**

**Certificate of Status Desired: No**

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

FAXAS, CAROLINE G  
508 N. RAINBOW DR.  
HOLLYWOOD, FL 33021 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 FAXAS, CAROLINE G  
Address 508 N. RAINBOW DR.  
City-State-Zip: HOLLYWOOD FL 33021

Title MGR  
Name FAXAS, ANTHONY M  
Address 508 N. RAINBOW DR.  
City-State-Zip: HOLLYWOOD FL 33021

*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: CAROLINE FAXAS**

**MGR**

**03/14/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date