

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000352226

Entity Name: HOLISTIC HEALTH CONSULTING, LLC

Current Principal Place of Business:

7901 4TH ST N STE 300
ST PETERSBURG, FL 33702

Current Mailing Address:

30 SW 1ST ST APT 3613
MIAMI, FL 33130 US

FEI Number: 30-1367436

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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 AUTHORIZED MEMBER
Name GILKEY, NICHOLAS
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

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: NICHOLAS GILKEY

MEMBER

02/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date