

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004851

**Entity Name:** HOLISTA, LLC

**Current Principal Place of Business:**

N92W14612 ANTHONY AVE  
MENOMONEE FALLS, WI 53051

**Current Mailing Address:**

W140N8981 LILLY ROAD  
MENOMONEE FALLS, WI 53051 US

**FEI Number:** 39-1938014

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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	CFO	Title	MANAGER
Name	SWEENEY, LISA	Name	KASTEN, CRAIG R
Address	W140N8981 LILLY ROAD	Address	10201 N PORT WASHINGTON RD
City-State-Zip:	MENOMONEE FALLS WI 53051	City-State-Zip:	MEQUON WI 53092

*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:** LISA SWEENEY

CFO

04/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date