

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000029781

**Entity Name:** HEALING RIBBONS, LLC

**Current Principal Place of Business:**

WESTMINSTER WOODS ON JULINGTON CREEK  
CAMELLIA BLDG. C-23 25 STATE ROAD 13  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

WESTMINSTER WOODS ON JULINGTON CREEK  
CAMELLIA BLDG. C-23 25 STATE ROAD 13  
JACKSONVILLE, FL 32259 US

**FEI Number:** 20-4577490

**Certificate of Status Desired:** No

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

SILVA-FEENEY, CHERYL L  
WESTMINSTER WOODS ON JULINGTON CREEK  
25 STATE ROAD 13 CAMELLIA BUILDING - C-23  
JACKSONVILLE, FL 32259 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 SILVA-FEENEY, CHERYL L  
Address WESTMINSTER WOODS ON  
JULINGTON CREEK  
CAMELLIA BLDG. C-23 25 STATE  
ROAD 13  
City-State-Zip: JACKSONVILLE FL 32259

*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:** CHERYL SILVA-FEENEY

**MANAGER**

**05/09/2020**

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

\_\_\_\_\_  
Date