

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000029781

**Entity Name:** HEALING RIBBONS, LLC

**Current Principal Place of Business:**

3051 PADDLE CREEK DRIVE  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

P O BOX 600835  
JACKSONVILLE, FL 32260 US

**FEI Number:** 20-4577490

**Certificate of Status Desired:** No

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

SILVA-FEENEY, CHERYL L  
3051 PADDLE CREEK DR  
JACKSONVILLE, FL 32223 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 3051 PADDLE CREEK DRIVE  
City-State-Zip: JACKSONVILLE FL 32223

*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

**MEMBER**

**04/15/2018**

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

\_\_\_\_\_  
Date