

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000038776

Entity Name: THE HEALING CLINIC, LLC

Current Principal Place of Business:

2166 W. COUNTY HWY 30A
SUITE E
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

947 ASHLEY LN NW #B
FORT WALTON BEACH, FL 32547 US

FEI Number: 45-1103171

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCQUAID, FELICIA
947 ASHLEY LN NW #B
FORT WALTON BEACH, FL 32547 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	MGRM, OWNER	Title	MANAGER
Name	MCQUAID, FELICIA	Name	CRAWFORD, JASON
Address	947 ASHLEY LN NW #B	Address	947 ASHLEY LN NW #B
City-State-Zip:	FORT WALTON BEACH FL 32547	City-State-Zip:	FORT WALTON BEACH FL 32547

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: FELICIA MCQUAID

OWNER

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date