

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000054565

**Entity Name:** CHACARUNA HEALING SHAMANIC TEACHINGS AND JOURNEYS, LLC

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**0969691766CC**

**Current Principal Place of Business:**

112 S. FEDERAL HWY  
#7  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

21573 SAN LORENZO AVE  
BOCA RATON, FL 33433 US

**FEI Number: 82-0785151**

**Certificate of Status Desired: Yes**

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

SMITH, MONA J MS.  
21573 SAN LORENZO AVE  
BOCA RATON, FL 33433 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 SMITH, MONA J MS  
Address 21573 SAN LORENZO AVE  
City-State-Zip: BOCA RATON FL 33433

*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: MONA J SMITH**

**MGR.**

**02/12/2019**

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

\_\_\_\_\_  
Date