

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000106757

Entity Name: HEALING THERAPEUTIC PRACTICE LLC

Current Principal Place of Business:

15250 SW 154 AVE
MIAMI, FL 33187

Current Mailing Address:

15250 SW 154 AVE
MIAMI, FL 33187 US

FEI Number: 82-1527114

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, JINELL N
8567 CORAL WAY
SUITE 212 SUITE 164
MIAMI, FL 33155 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: JINELL GONZALEZ

01/17/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GONZALEZ, JINELL N MGR
Address 15250 SW 154 AVE
City-State-Zip: MIAMI FL 33187

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: JINELL N GONZALEZ

MGR

01/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date