

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000144866

Entity Name: GUIDED HEALING THERAPY, LLC

Current Principal Place of Business:

5491 NORTH UNIVERSITY DRIVE
202A
CORAL SPRINGS, FL 33067

Current Mailing Address:

5491 NORTH UNIVERSITY DRIVE
202A
CORAL SPRINGS, FL 33067

FEI Number: 82-2094330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENRY, NADINE A
5491 NORTH UNIVERSITY DRIVE
202A
CORAL SPRINGS, FL 33067 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 HENRY, NADINE
Address 5491 NORTH UNIVERSITY DRIVE
City-State-Zip: CORAL SPRINGS FL 33067

Title PRESIDENT
Name JOHNSON, SANDRA
Address 6425 NW 50TH STREET
City-State-Zip: LAUDERHILL FL 33319

Title VP
Name HENRY, RONALD
Address 6425 NW 50TH STREET
City-State-Zip: LAUDERHILL FL 33319

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: NADINE HENRY

MANAGER

02/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date