

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000270420

**Entity Name:** NATURAL HEALING OF FLORIDA LLC

**Current Principal Place of Business:**

5928 OKEECHOBEE BLVD  
WEST PALM BEACH, FLORIDA 33417

**Current Mailing Address:**

6927 DESERT INN TER  
LAKE WORTH, FL 33463 UN

**FEI Number:** 83-2721041

**Certificate of Status Desired:** Yes

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

BALDE, SAMIR J  
6927 DESERT INN TER  
LAKE WORTH, FL 33463 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 BALDE, SAMIR J  
Address 6927 DESERT INN TER  
City-State-Zip: LAKE WORTH FL 33463

*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:** SAMIR J BALDE

**OWNER**

**04/08/2019**

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

\_\_\_\_\_  
Date