

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000017440

**Entity Name:** THE HERBAL THERAPIST LLC

**Current Principal Place of Business:**

670 PLEASANT STREET  
LAKE HELEN, FL 32744

**Current Mailing Address:**

670 PLEASANT STREET  
LAKE HELEN, FL 32744 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BARNES, CHRISTY  
670 PLEASANT STREET  
LAKE HELEN, FL 32744 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 BARNES, CHRISTY  
Address 670 PLEASANT STREET  
City-State-Zip: LAKE HELEN FL 32744

*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:** CHRISTY L BARNES

MANAGER

03/07/2023

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

\_\_\_\_\_ Date