

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000138985

**Entity Name:** ROYAL HEALINGS LLC**Current Principal Place of Business:**1313 13TH WAY  
WEST PALM BEACH, FL 33407**Current Mailing Address:**1313 13TH WAY  
WEST PALM BEACH, FL 33407**FEI Number:** 84-2063815**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COLLINGTON, KELVIN JR.  
1313 13TH WAY  
WEST PALM BEACH, FL 33407 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:** KELVIN COLLINGTON JR

03/12/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                          |
|-----------------|--------------------------|
| Title           | MGR/OWNER                |
| Name            | COLLINGTON, KELVIN JR.   |
| Address         | 1313 13TH WAY            |
| City-State-Zip: | WEST PALM BEACH FL 33407 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | MANAGER/OWNER               |
| Name            | JOCELYN , VICTORIA NASTASIA |
| Address         | 1313 13TH WAY               |
| City-State-Zip: | WEST PALM BEACH FL 33407    |

*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:** KELVIN COLLINGTON JR

OWNER

03/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date