

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000085971

**Entity Name:** HEALING HEART CPR LLC

**Current Principal Place of Business:**

3773 62ND ST N  
SAINT PETERSBURG, FL 33710

**Current Mailing Address:**

3773 62ND ST N  
SAINT PETERSBURG, FL 33710 US

**FEI Number: 84-5032541**

**Certificate of Status Desired: No**

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

JACKSON, EBONY D MRS.  
3773 62ND ST N  
SAINT PETERSBURG, FL 33710 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 AP  
Name JACKSON, NATHANIEL J SR.  
Address 3773 62ND ST N  
City-State-Zip: SAINT PETERSBURG FL 33710

Title MRS  
Name JACKSON, EBONY DENASHIA  
Address 3773 62ND ST N  
City-State-Zip: SAINT PETERSBURG FL 33710

Title AUTHORIZED MEMBER  
Name SMART, A'ZARI JAMARIA  
Address 3773 62ND ST N  
City-State-Zip: SAINT PETERSBURG FL 33710

Title AUTHORIZED MEMBER  
Name SMART , ANTEZ JAMAR JR.  
Address 3773 62ND ST N  
City-State-Zip: SAINT PETERSBURG FL 33710

Title AUTHORIZED MEMBER  
Name JACKSON, NIA JA'KAYLA  
Address 3773 62ND ST N  
City-State-Zip: SAINT PETERSBURG FL 33710

*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: EBONY JACKSON**

**REGISTERED AGENT**

**03/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date