

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000088854

Entity Name: THE HEALING CENTER ST PETE LLC

Current Principal Place of Business:

2028 17TH STREET SOUTH
SAINT PETERSBURG, FL 33712

Current Mailing Address:

2028 17TH STREET SOUTH
SAINT PETERSBURG, FL US

FEI Number: 84-5178651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TYLER, MYESHA T
2028 17TH STREET SOUTH
SAINT PETERSBURG, FL 33712 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	Title	AUTHORIZED REPRESENTATIVE
Name	TYLER, MYESHA T	Name	BOODRAM, JALA
Address	2028 17TH STREET SOUTH	Address	2028 17TH STREET SOUTH
City-State-Zip:	SAINT PETERSBURG FL	City-State-Zip:	SAINT PETERSBURG FL 33712

Title AUTHORIZED REPRESENTATIVE
 Name TYLER, BRENDA ANN
 Address 540 CARILLON PARKWAY
 APT. 1004
 City-State-Zip: SAINT PETERSBURG FL 33716

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: MYESHA TYLER

OWNER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date