

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000173217

**Entity Name:** HEALING FLA NY, LLC

**Current Principal Place of Business:**

1920 E. HALLANDALE BEACH BLVD  
#702  
HALLANDALE, FL 33009

**Current Mailing Address:**

1920 E. HALLANDALE BCH BLVD #702  
HALLANDALE, FL 33009 US

**FEI Number:** 86-1821231

**Certificate of Status Desired:** No

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

SOUTH FLORIDA LAW PLLC  
1920 E. HALLANDALE BEACH BLVD  
#702  
HALLANDALE, FL 33009 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 LIGHT, DAVID  
Address 323 SUNNY ISLES BOULEVARD  
City-State-Zip: SUNNY ISLES FL 33160

Title MGR  
Name COYNE, ELLEN  
Address 243 LAKEVIEW AVE WEST  
City-State-Zip: BRIGHTWATERS NY 11718

Title MGR  
Name LANDAU, BURTON  
Address 1920 E. HALLANDALE BEACH BLVD,  
#702  
City-State-Zip: HALLANDALE FL 33009

Title MGR  
Name AJABSHIR, NIMA  
Address 1920 E. HALLANDALE BEACH BLVD,  
#702  
City-State-Zip: HALLANDALE FL 33009

*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:** BURTON LANDAU

MGR

03/03/2021

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

\_\_\_\_\_  
Date