

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000014131

**Entity Name:** FREEDOM HEALING LLC

**Current Principal Place of Business:**

4855 W HILLSBORO BLVD  
B3  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4855 W HILLSBORO BLVD  
B3  
COCONUT CREEK, FL 33073 US

**FEI Number:** 37-1992838

**Certificate of Status Desired:** No

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

CONTADOR RA LLC  
4855 W HILLSBORO BLVD  
B3  
COCONUT CREEK, FL 33073 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 AMBR  
Name PAEZ, SILVINA L  
Address 4855 W HILLSBORO BLVD  
B3  
City-State-Zip: COCONUT CREEK FL 33073

*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:** PAEZ , SILVINA L

AMBR

03/03/2024

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

\_\_\_\_\_  
Date