

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000128537

Entity Name: FLORIDA HEALING HAVEN LLC

Current Principal Place of Business:

2803 ANTHONY ST #B
TAMPA, FL 33619

Current Mailing Address:

2803 ANTHONY ST #B
TAMPA, FL 33619 US

FEI Number: 93-1961991

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAWTON, MALEACHIKA
2803 ANTHONY ST #B
TAMPA, FL 33619 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 AUTHORIZED REPRESENTATIVE
Name CUMBERBATCH, CRANSTON
Address 2622 FAIRFIELD AVE S
City-State-Zip: ST PETERSBURG FL 33712

Title AMBR
Name LAWTON-KIRISA, LEHUA'LANI
Address 2803 ANTHONY ST #B
City-State-Zip: TAMPA FL 33619

Title MGR
Name LAWTON, MALEACHIKA
Address 2803 ANTHONY ST #B
City-State-Zip: TAMPA FL 33619

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: MALEACHIKA LAWTON

MGR

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date