

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000038776

Entity Name: THE HEALING CLINIC, LLC

Current Principal Place of Business:

26 BEAL PKWY SW
FORT WALTON BEACH, FL 32548

Current Mailing Address:

947 ASHLEY LN NW #B
FORT WALTON BEACH, FL 32547 US

FEI Number: 45-1103171

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCQUAID, FELICIA
947 ASHLEY LN NW #B
FORT WALTON BEACH, FL 32547 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 MGRM, OWNER
Name MCQUAID, FELICIA
Address 947 ASHLEY LN NW #B
City-State-Zip: FORT WALTON BEACH FL 32547

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: FELICIA MCQUAID

OWNER

03/03/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date