

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000063568

Entity Name: HEALING PASSAGES COUNSELING SERVICES LLC

Current Principal Place of Business:

5513 RIVER BED RD
GROVELAND, FL 34736

Current Mailing Address:

17736 US HWY 27
CLERMOT, FL 34715 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMILTON, MARY E
5513 RIVER BED RD
GROVELAND, FL 34736 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 HAMILTON, MARY E
Address 5513 RIVER BED RD
City-State-Zip: GROVELAND FL 34736

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: MARY HAMILTON

OWNER

02/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date