

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000182327

**Entity Name:** THE HEALING COVE, LLC

**Current Principal Place of Business:**

2319 TAYLOR ST  
APT 2  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2319 TAYLOR ST  
APT 2  
HOLLYWOOD, FL 33020 FL

**FEI Number:** 82-2632283

**Certificate of Status Desired:** No

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

JUSTILIEN, CHRISSY F  
2319 TAYLOR ST  
APT 2  
HOLLYWOOD, FL 33020 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:** CHRISSY JUSTILIEN

02/22/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JUSTILIEN, CHRISSY F  
Address 2319 TAYLOR ST , APT 2  
City-State-Zip: HOLLYWOOD FL 33020

*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:** CHRISSY JUSTILIEN

MRG

02/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date