

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000193166

Entity Name: HEALING DIALOGUE LLC

Current Principal Place of Business:

15 WINDSORMERE WAY
SUITE 300
OVIEDO, FL 32765

Current Mailing Address:

PO BOX 622199
OVIEDO, FL 32762 US

FEI Number: 26-4472610

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EATON, EDWARD
123 E 8TH ST
CHULUOTA, FL 32766 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 EATON, EDWARD
Address 123 E 8TH ST
City-State-Zip: CHULUOTA FL 32766

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: EDWARD EATON

OWNER

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date