

**2020 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**

**03/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date