

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000082952

**Entity Name:** HEALING COUNSELING SERVICES LLC

**Current Principal Place of Business:**

1700 NW 97 AVE  
#228202  
DORAL, FL 33172

**Current Mailing Address:**

1700 NW 97 AVE  
# 228202  
DORAL, FL 33172 US

**FEI Number:** 82-5063570

**Certificate of Status Desired:** No

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

MOLINA, JUDITH A  
1700 NW 97 AVE  
# 228202  
DORAL, FL 33172 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 AMBR  
Name MOLINA, JUDITH A  
Address 1700 NW 97 AVE  
# 228202  
City-State-Zip: DORAL FL 33172

*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:** JUDITH A MOLINA

AMBR

03/06/2021

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

\_\_\_\_\_ Date