

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000199699

**Entity Name:** HEALING COMPASS WELLNESS GROUP LLC

**Current Principal Place of Business:**

5645 CORAL RIDGE DRIVE  
#114  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

5645 CORAL RIDGE DRIVE  
#114  
CORAL SPRINGS, FL 33076 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VERNON, DIONNE  
12594 NW 57TH COURT  
CORAL SPRINGS, FL 33076 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            PRESIDENT  
Name            DIONNE VERNON  
Address        5645 CORAL RIDGE DRIVE  
                  #114  
City-State-Zip: CORAL SPRINGS 33076

*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:** DIONNE VERNON

**PRESIDENT**

**02/25/2022**

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

\_\_\_\_\_  
Date