

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000003947

Entity Name: HEALING COUNSELING SOLUTIONS LLC

Current Principal Place of Business:

1943 AVE E SW
WINTER HAVEN, FL 33880

Current Mailing Address:

1943 AVE E SW
WINTER HAVEN, FL 33880 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWIS, STACY M
1943 AVE E SW
WINTER HAVEN, FL 33880 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 LEWIS, STACY L
Address 1943 AVE E SW
City-State-Zip: WINTER HAVEN FL 33880

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: STACY M LEWIS

PRESIDENT

03/16/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date