

**2024 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:** 86-3398989

**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 LEWIS

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04/29/2024

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

\_\_\_\_\_  
Date