

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000221813

Entity Name: HEALING VIBES CENTER LLC**Current Principal Place of Business:**3309 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**Current Mailing Address:**3309 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US**FEI Number:** 84-3036165**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONSULTING SERVICES OF SOUTH FLORIDA, INC
2121 PONCE DE LEON BLVD STE 1050
SUITE 1050
CORAL GABLES, FL 33134 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:** ANTONIO GARCIA

04/17/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR
Name	GONZALEZ, ROLANDO J
Address	3309 PONCE DE LEON BLVD
City-State-Zip:	CORAL GABLES FL 33134

Title	AMBR
Name	ROMERO, BEYLA M
Address	3309 PONCE DE LEON BLVD
City-State-Zip:	CORAL GABLES FL 33134

Title	AMBR
Name	LEIDERMAN, MIRIAM
Address	3309 PONCE DE LEON BLVD
City-State-Zip:	CORAL GABLES FL 33134

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: ROLANDO J GONZALEZ

MEMBER

04/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date