

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000303830

**Entity Name:** THE HEALING CORNER LLC

**Current Principal Place of Business:**

5841 NW ALPHA CT  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

5841 NW ALPHA CT  
PORT SAINT LUCIE, FL 34986 US

**FEI Number:** 84-4256912

**Certificate of Status Desired:** No

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

JEUDY, DECOSTE CHRISTOPHER  
5841 NW ALPHA CT  
PORT SAINT LUCIE, FL 34986 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:** DECOSTE CHRISTOPHER JEUDY

04/20/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JEUDY, DECOSTE CHRISTOPHER  
Address 5841 NW ALPHA CT  
City-State-Zip: PORT SAINT LUCIE FL 34986

*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:** DECOSTE JEUDY

MANAGER

04/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date