

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000243648

**Entity Name:** THE HEALING SEASONS LLC

**Current Principal Place of Business:**

2708 DUVAL LN  
WILTON MANORS, FL 33334

**Current Mailing Address:**

2708 DUVAL LN  
WILTON MANORS, FL 33334 US

**FEI Number:** 85-3345105

**Certificate of Status Desired:** No

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

MEDINA, ROQUE  
2708 DUVAL LN  
WILTON MANORS, FL 33334 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 MGR  
Name MEDINA, ROQUE  
Address 2708 DUVAL LN  
City-State-Zip: WILTON MANORS FL 33334

*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:** ROQUE MEDINA

MGR

04/22/2022

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

\_\_\_\_\_ Date