

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000243648

Entity Name: THE HEALING SEASONS LLC

Current Principal Place of Business:

917 NE 29TH DRIVE
WILTON MANORS, FL 33334

Current Mailing Address:

917 NE 29TH DRIVE
WILTON MANORS, FL 33334 US

FEI Number: 85-3345105

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDINA, ROQUE
917 NE 29TH DRIVE
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 917 NE 29TH DRIVE
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

04/19/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date