

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000080719

**Entity Name:** HEALING CORNER & CO LLC

**Current Principal Place of Business:**

1948 SE 24TH AVE  
HOMESTEAD, FL 33035

**Current Mailing Address:**

1948 SE 24TH AVE  
HOMESTEAD, FL 33035 US

**FEI Number:** 86-2360661

**Certificate of Status Desired:** No

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

CABALLERO, MICHELLE  
1948 SE 24TH AVE  
HOMESTEAD, FL 33035 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            AMBR  
Name            CABALLERO, MICHELLE  
Address        1948 SE 24TH AVENUE  
City-State-Zip: HOMESTEAD FL 33035

*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:** MICHELLE CABALLERO

AMBR

04/18/2022

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

\_\_\_\_\_ Date