

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000080719

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

**Current Principal Place of Business:**

8208 MILLS DRIVE  
MIAMI, FL 33183

**Current Mailing Address:**

8950 SW 74TH CT SUITE 2249  
MIAMI, FL 33156 US

**FEI Number:** 86-2360661

**Certificate of Status Desired:** No

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

CABALLERO, MICHELLE  
8208 MILLS DRIVE  
MIAMI, FL 33183 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/MGR  
Name            CABALLERO, MICHELLE  
Address        8208 MILLS DRIVE  
City-State-Zip: MIAMI FL 33183

*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/MGR

04/29/2024

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

\_\_\_\_\_ Date