

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000097947

**Entity Name:** HEALING ART THERAPY, LLC

**Current Principal Place of Business:**

11890 SW 8TH STREET  
302  
MIAMI, FL 33184

**Current Mailing Address:**

11890 SW 8TH STREET  
302  
MIAMI, FL 33184 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ECHEVERRI, SUSANA  
11890 SW 8TH STREET  
302  
MIAMI, FL 33184 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:** SUSANA ECHEVERRI

11/19/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ECHEVERRI, SUSANA  
Address 11890 SW 8TH STREET  
302  
City-State-Zip: MIAMI FL 33184

*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:** SUSANA ECHEVERRI

MGR

11/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date