

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000387810

**Entity Name:** HEALING CREATIONS, LLC

**Current Principal Place of Business:**

7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

320 PLAZA REAL APT 309  
BOCA RATON, FL 33432 US

**FEI Number:** 87-2427567

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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            WEEKS, CHRISTINE  
Address         320 PLAZA REAL APT 309  
City-State-Zip: BOCA RATON FL 33432

*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:** CHRISTINE WEEKS

AMBR

03/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date