

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000500210

**Entity Name:** MIRACLE HEALING SPA LLC

**Current Principal Place of Business:**

395 PAINT STREET  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

395 PAINT STREET  
ROCKLEDGE, FL 32955 US

**FEI Number:** 87-3667182

**Certificate of Status Desired:** No

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

DOUBLE DRAGON QUESTS LLC  
447 SNOOK PLACE  
COCOA, FL 32927 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	Title	MGR
Name	LEE, DAVID	Name	HU, YIHUA
Address	447 SNOOK PLACE	Address	447 SNOOK PLACE
City-State-Zip:	COCOA FL 32927	City-State-Zip:	COCOA FL 32927

*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:** DAVID LEE

MGR

01/28/2023

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

\_\_\_\_\_  
Date