

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000505484

**Entity Name:** HEALING DEPARTMENT L.L.C

**Current Principal Place of Business:**

4241 NW AMERICAN LN  
SUITE 7 & 8  
LAKE CITY, FL 32055

**Current Mailing Address:**

PO BOX 953  
FORT WHITE, FL 32038

**FEI Number:** 87-3734112

**Certificate of Status Desired:** Yes

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

AYALA, JOSE  
4241 NW AMERICAN LN  
SUITE 7 & 8  
LAKE CITY, FL 32055 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  
Name AYALA, JOSE  
Address 4241 NW AMERICAN LN  
SUITE 7 & 8  
City-State-Zip: LAKE CITY FL 32055

*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:** JOSE AYALA

MGR

03/14/2022

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

\_\_\_\_\_  
Date