

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000137229

**Entity Name:** TRAUMA HEALING COLLECTIVE, LLC

**Current Principal Place of Business:**

2344 HANSEN LANE  
UNIT 1  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

2344 HANSEN LANE  
UNIT 1  
TALLAHASSEE, FL 32301 US

**FEI Number:** 88-1578733

**Certificate of Status Desired:** No

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

CHRISTIAN, KIMBERLY  
2344 HANSEN LANE  
UNIT 1  
TALLAHASSEE, FL 32301 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            FOUNDING PARTNER  
Name            CHRISTIAN, KIMBERLY D  
Address        2344 HANSEN LANE UNIT 1  
City-State-Zip: TALLAHASSEE FL 32301

Title            FOUNDING PARTNER  
Name            ATKIN, SHEA M  
Address        2344 HANSEN LANE  
                    UNIT 1  
City-State-Zip: TALLAHASSEE FL 32301

*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:** KIMBERLY CHRISTIAN

**FOUNDING PARTNER**

**02/02/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date