

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000160538

**Entity Name:** SOULTERRA HEALING LLC

**Current Principal Place of Business:**

16 WOOD BEACH DRIVE  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

10842 N. 166TH E. AVE.  
OWASSO, OK 74055 US

**FEI Number:** 86-2842033

**Certificate of Status Desired:** No

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

MCCLENDON, KAYLEE  
16 WOOD BEACH DRIVE  
SANTA ROSA BEACH, FL 32459 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	OWNER	Title	MANAGER
Name	MCCLENDON, KAYLEE	Name	MCCLENDON, CAROL
Address	10842 NORTH 166TH EAST AVENUE	Address	15519 EAST 87TH PLACE NORTH
City-State-Zip:	OWASSO OK 74055	City-State-Zip:	OWASSO OK 74055

*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:** KAYLEE MCCLENDON

**MANAGER**

**02/07/2023**

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

\_\_\_\_\_  
Date