

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000160538

**Entity Name:** SOULTERRA HEALING LLC

**Current Principal Place of Business:**

116 DOGWOOD STREET  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

2490 RAT KINNEY ROAD  
STATHAM, GA 30666 US

**FEI Number:** 86-2842033

**Certificate of Status Desired:** No

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

MCCLENDON, KAYLEE  
116 DOGWOOD STREET  
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  
Name            MCCLENDON, KAYLEE  
Address        2490 RAT KINNEY ROAD  
City-State-Zip: STATHAM GA 30666

Title            MANAGER  
Name            MCCLENDON, CAROL  
Address        4432 PARK ROYAL DRIVE  
City-State-Zip: FLOWERY BRANCH GA 30542

*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

KAYLEE MCCLENDON

01/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date