

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000015081

**Entity Name:** HEALING SPACE THERAPY COLLECTIVE LLC

**Current Principal Place of Business:**

820 NE 143 ST  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

820 NE 143 ST  
NORTH MIAMI, FL 33161 US

**FEI Number:** 99-0704875

**Certificate of Status Desired:** Yes

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

HALLIDAY, ANNA  
820 NE 143RD ST  
NORTH MIAMI, FL 33161 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 MGRM  
Name HALLIDAY, ANNA  
Address 820 NE 143 ST  
City-State-Zip: NORTH MIAMI FL 33161

*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:** ANNA HALLIDAY

**OWNER**

**02/07/2025**

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

\_\_\_\_\_  
Date