

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000007699

**Entity Name:** SOULTERRA HEALING LLC

**Current Principal Place of Business:**

1285 J D MILLER ROAD  
UNIT C308  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

1285 J D MILLER ROAD  
UNIT C308  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 86-2842033

**Certificate of Status Desired:** No

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

MCCLENDON, KAYLEE  
1285 J D MILLER ROAD  
UNIT C308  
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            CEO/OWNER  
Name            MCCLENDON, KAYLEE  
Address        1285 J D MILLER ROAD, UNIT C308  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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

CEO

03/08/2022

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

\_\_\_\_\_  
Date