

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000269688

**Entity Name:** HEALING JOURNEYS, LLC

**Current Principal Place of Business:**

706 TURNBULL AVE  
SUITE 202  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

706 TURNBULL AVE  
SUITE 202  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 87-1124068

**Certificate of Status Desired:** No

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

HARRIS-JACKSON, TAMECA N  
706 TURNBULL AVE  
SUITE 202  
ALTAMONTE SPRINGS, FL 32701 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            DIR  
Name            HARRIS-JACKSON, TAMECA N  
Address        706 TURNBULL AVE  
                 SUITE 202  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** TAMECA HARRIS-JACKSON

**DIRECTOR**

**04/26/2023**

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

\_\_\_\_\_  
Date