

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000352449

**Entity Name:** BEYOND HEALING, LLC

**Current Principal Place of Business:**

4831 KEYSVILLE AVE  
SPRING HILL, FL 34608

**Current Mailing Address:**

4831 KEYSVILLE AVE  
SPRING HILL, FL 34608 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC  
5237 SUMMERLIN COMMONS BLVD INC.  
SPRING HILL, FL 34608 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            AMBR  
Name            WATERS, NICOLE  
Address        4831 KEYSVILLE AVE  
City-State-Zip: SPRING HILL FL 34608

*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:** NICOLE WATERS

AMBR

02/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date