

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000256482

Entity Name: ASHAKI SACRED HEALING, LLC

Current Principal Place of Business:

2260 NW 39TH AVENUE
COCONUT CREEK, FL 33066

Current Mailing Address:

2260 NW 39TH AVENUE
COCONUT CREEK, FL 33066

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POWELL, PATRICIA S
2260 NORTHWEST 39TH AVENUE
COCONUT CREEK, FL 33066 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 MGR
Name POWELL, PATRICIA
Address 2260 NORTHWEST 39TH AVENUE
City-State-Zip: COCONUT CREEK FL 33066

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: PATRICIA POWELL

MANAGER

03/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date