

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059327

**Entity Name:** STRIVE HEALTHCARE, LLC

**Current Principal Place of Business:**

165 SILVER LANE  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

1093 A1A BEACH BLVD  
#261  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 83-0460694

**Certificate of Status Desired:** No

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

HEMELT, LAURA CRISTINA DR.  
165 SILVER LANE  
ST. AUGUSTINE, FL 32084 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:** LAURA HEMELT

03/30/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            OWNER  
Name            HEMELT, LAURA CRISTINA DR.  
Address        184 HERONS NEST LN  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            MGR  
Name            HEMELT, RYAN  
Address        184 HERONS NEST LN  
City-State-Zip: ST. AUGUSTINE FL 32080

*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:** LAURA HEMELT

OWNER

03/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date