

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000031457

**Entity Name:** LIVE AND WELL SUPPORT SERVICES, LLC

**Current Principal Place of Business:**

4050 WESTGATE AVENUE  
102  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

4918 PURDY LN  
3  
WEST PALM BEACH, FL 33415

**FEI Number: 81-5354681**

**Certificate of Status Desired: Yes**

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

JEROME, VILLEFRANCHE  
4918 PURDY LANE  
3  
WEST PALM BEACH, FL 33415 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            PRESIDENT  
Name            JEROME, VILLEFRANCHE  
Address        4050 WESTGATE AVENUE STE 102  
City-State-Zip: WEST PALM BEACH FL 33409

Title            DIRECTOR  
Name            JEROME, RUBEN  
Address        4918 PURDY LANE  
                  3  
City-State-Zip: WEST PALM BEACH FL 33415

Title            SECRETARY  
Name            DALANCOURT, MYRLENE  
Address        4918 PURDY LANE  
                  APT 3  
City-State-Zip: WEST PALM BEACH FL 33415

*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: VILLEFRANCHE JEROME**

**PRESIDENT**

**01/08/2021**

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

\_\_\_\_\_  
Date