

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000064068

**Entity Name:** SUNCOAST HEALTH AND WELLNESS LLC

**Current Principal Place of Business:**

2205 TALLEVAST RD #1845  
TALLEVAST, FL 34270

**Current Mailing Address:**

2205 TALLEVAST RD#1845  
TALLEVAST, FL 34270 US

**FEI Number:** 82-0930241

**Certificate of Status Desired:** No

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

MAY, OLENA M  
2205 TALLEVAST RD#1845  
TALLEVAST, FL 34270 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 MAY, OLENA M  
Address 2205 TALLEVAST RD #1845  
City-State-Zip: TALLEVAST FL 34270

*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:** OLENA MAY

**MANAGER**

**04/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date