

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000103230

Entity Name: REVEYE MENTAL HEALTH & WELLNESS LLC

Current Principal Place of Business:

1645 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33401

Current Mailing Address:

3636 ALDER DR
APT C2
WEST PALM BEACH, FL 33407 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMAIN, REYNETTE
3636 ALDER DR
C2
WEST PALM BEACH, FL 33417 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 GERMAIN, VANESSA
Address 175 NW WILLOW GROVE AVE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title MGR
Name ROMAIN, REYNETTE
Address 3636 ALDER DR C2
City-State-Zip: WEST PALM BEACH FL 33417

Title MGR
Name MEANT, BIANCA
Address 3350 TURTLE CV
City-State-Zip: WEST PALM BEACH FL 33411

Title MGR
Name JEAN-WINDER, TATIANA
Address 2727 DANFORTH TER
City-State-Zip: WELLINGTON FL 33414

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: REYNETTE ROMAIN

MGR

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date