

2024 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
STE 1200
WEST PALM BEACH, FL 33401

Current Mailing Address:

1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401 US

FEI Number: 82-5163093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMAIN, REYNETTE
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401 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: REYNETTE ROMAIN

04/04/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name GERMAIN, VANESSA
Address 1645 PALM BEACH LAKES BLVD
STE 1200
City-State-Zip: WEST PALM BEACH FL 33401

Title AMBR
Name ROMAIN, REYNETTE
Address PO BOX 222874
City-State-Zip: WEST PALM BEACH FL 33422

Title AMBR
Name MEANT, BIANCA
Address 1645 PALM BEACH LAKES BLVD
STE 1200
City-State-Zip: WEST PALM BEACH FL 33401

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

MANAGER/AMBR

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date