

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000103230

**Entity Name:** REVEYE MENTAL HEALTH & WELLNESS LLC

**Current Principal Place of Business:**

4142 ONEGA CIRCLE  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

4142 ONEGA CIRCLE  
WEST PALM BEACH, FL 33409 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 AMBR  
Name GERMAIN, VANESSA  
Address 4142 ONEGA CIR  
City-State-Zip: WEST PALM BEACH FL 33409

Title AMBR  
Name VOLCY, JASON  
Address 4142 ONEGA CIR  
City-State-Zip: WEST PALM BEACH FL 33409

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

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

Title AMBR  
Name JEAN-WINDER, TATIANA  
Address 13680 COLUMBINE AVE  
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

LCSW

04/04/2019

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

\_\_\_\_\_  
Date