

**2023 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

04/13/2023

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

**AUTHORIZED MEMBER**

04/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date