

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000226038

Entity Name: REVIVE HEALTH AND WELLNESS, LLC

Current Principal Place of Business:

10650 SW COREY PL
PALM CITY, FL 34990

Current Mailing Address:

10650 SW COREY PL
PALM CITY, FL 34990

FEI Number: 83-2020489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEELD, WILLIAM C
10650 SW COREY PL
PALM CITY, FL 34990 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 DR
Name NEELD, WILLIAM C
Address 10650 SW COREY PL
City-State-Zip: PALM CITY FL 34990

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: WILLIAM C NEELD

OWNER

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date