

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000247402

Entity Name: 2 BEE WELL HEALTH LLC

Current Principal Place of Business:

166 MARINE ST
ST AUGUSTINE, FL 32084

Current Mailing Address:

166 MARINE STREET APT B
ST AUGUSTINE, FL 32084

FEI Number: 84-4162851

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLOUSE, VALLERY
166 MARINE STREET APT B
ST AUGUSTINE, FL 32084 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 OWNER
Name CLOUSE, VALLERY
Address 166 MARINE STREET
City-State-Zip: ST AUGUSTINE FL 32084

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: VALLERY CLOUSE

OWNER

01/24/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date