

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000247402

Entity Name: 2 BEE WELL HEALTH LLC

Current Principal Place of Business:

981 IRMA WAY
ST AUGUSTINE, FL 32086

Current Mailing Address:

981 IRMA WAY
ST AUGESTINE, FL 32086 US

FEI Number: 84-4162851

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLOUSE, VALLERY
981 IRMA WAY
ST AUGESTINE, FL 32086 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 981 IRMA WAY
City-State-Zip: ST AUGUSTINE FL 32086

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

02/06/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date