

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000247402

**Entity Name:** 2 BEE WELL HEALTH LLC

**Current Principal Place of Business:**

5118 A1A SOUTH  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

166 MARINE STREET APT B  
ST AUGUSTINE, FL 32084 US

**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

02/02/2021

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

\_\_\_\_\_ Date