

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000033164

Entity Name: ST LUCIE WELLNESS AND REHAB,LLC

Current Principal Place of Business:

6981 HANCOCK DR
PORT ST LUCIE, FL 34952

Current Mailing Address:

6981 HANCOCK DR
PORT ST LUCIE, FL 34952

FEI Number: 86-1944126

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLES, MAXIME
18868 CANDLEWICK DR
BOCA RATON, FL 33496 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 MGR
Name COLES, MAXIME
Address 18868 CANDALEWICK DR
City-State-Zip: BOCA RATON FL 33496

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: MAXIME COLES

MANAGER

04/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date