

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000411509

**Entity Name:** SANDS RECOVERY & WELLNESS, LLC

**Current Principal Place of Business:**

27 LOUISIANA DRIVE  
PALM COAST, FL 32137

**Current Mailing Address:**

27 LOUISIANA DRIVE  
PALM COAST, FL 32137 US

**FEI Number: 87-2769271**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CLUKEY & TEBALT LLC  
201 OWENS AVE  
UNIT A  
SAINT AUGUSTINE, FL 32080 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            AMBR  
Name            SANDS, BRANDON  
Address        27 LOUISIANA DRIVE  
City-State-Zip: PALM COAST FL 32137

Title            AUTHORIZED MEMBER  
Name            RHODES TO RECOVERY LLC  
Address        26 WESTBURY LANE  
City-State-Zip: PALM COAST FL 32164

*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: BRANDON SANDS**

**AMBR**

**02/11/2023**

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

\_\_\_\_\_  
Date