

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000411509

Entity Name: SANDS RECOVERY & WELLNESS, LLC

Current Principal Place of Business:

107 NATURE WALK PKWY, UNIT 102
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

107 NATURE WALK PKWY, UNIT 102
SAINT AUGUSTINE, FL 32092 US

FEI Number: 87-2769271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLUKEY & TEBAULT 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 107 NATURE WALK PKWY
 UNIT 102
City-State-Zip: SAINT AUGUSTINE FL 32092

Title AUTHORIZED MEMBER
Name BETTER BODIES PERSONAL
 TRAINING, LLC
Address 1947 A1A SOUTH
City-State-Zip: SAINT AUGUSTINE FL 32080

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

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date