

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000176344

**Entity Name:** ACCESS COMPREHENSIVE AND WELLNESS CENTER, LLC

**Current Principal Place of Business:**

2500 QUINCY AVENUE  
FORT PIERCE, FL 34947

**Current Mailing Address:**

3580 SOUTH OCEAN BLVD  
2A  
PALM BEACH, FL 33480

**FEI Number:** 88-2896048

**Certificate of Status Desired:** Yes

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

PERSAUD-EVANS, RAHONIE  
3580 SOUTH OCEAN  
2A  
PALM BEACH, FL 33480 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 PERSAUD-EVANS, RAHONIE DR  
Address 3580 SOUTH OCEAN BLVD, APT 2A  
City-State-Zip: PALM BEACH FL 33480

*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:** PERSAUD-EVANS , RAHONIE

**MANAGER**

**02/07/2024**

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

\_\_\_\_\_  
Date