

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000339291

**Entity Name:** FEEL GOOD, LLC

**Current Principal Place of Business:**

2400 SE VETERANS MEMORIAL PKWY  
S127  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

2400 SE VETERANS MEMORIAL PKWY  
S127  
PORT ST LUCIE, FL 34952 US

**FEI Number:** 93-2446070

**Certificate of Status Desired:** Yes

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

G2 PGA LLC  
2400 SE VETERANS MEMORIAL PKWY  
S127  
PORT ST LUCIE, FL 34952 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 TORCAL MOSCHINO, FERNANDO  
Address 2400 SE VETERANS MEMORIAL  
PKWY, S127  
City-State-Zip: PORT ST LUCIE FL 34952

Title MGR  
Name GUATTO, ALFREDO E  
Address 2400 SE VETERANS MEMORIAL  
PKWY, S127  
City-State-Zip: PORT ST LUCIE FL 34952

*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:** ALFREDO E GUATTO

MGR

02/07/2024

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

\_\_\_\_\_  
Date