

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059327

Entity Name: STRIVE HEALTHCARE, LLC

Current Principal Place of Business:

165 SILVER LANE
ST. AUGUSTINE, FL 32084

Current Mailing Address:

1093 A1A BEACH BLVD
#261
ST. AUGUSTINE, FL 32080 US

FEI Number: 83-0460694

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEMELT, LAURA CRISTINA DR.
165 SILVER LANE
ST. AUGUSTINE, FL 32084 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: LAURA HEMELT

02/04/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title OWNER
Name HEMELT, LAURA CRISTINA DR.
Address 184 HERONS NEST LN
City-State-Zip: ST. AUGUSTINE FL 32080

Title MGR
Name HEMELT, RYAN
Address 184 HERONS NEST LN
City-State-Zip: ST. 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: LAURA HEMELT

OWNER

02/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date