2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2022
Secretary of State
5809163535CC

DOCUMENT# L18000103230

Entity Name: REVEYE MENTAL HEALTH & WELLNESS LLC

Current Principal Place of Business:

1645 PALM BEACH LAKES BLVD
STE 1200
WEST PALM BEACH, FL 33401

Current Mailing Address:

3636 ALDER DR
UNIT C2
WEST PALM BEACH, FL 33417 US

FEI Number: 82-5163093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE SEJOUR-GUSTAVE FIRM PLLC
20801 BISCAYNE BLVD.
C2 STE 403
AVENTURA, FL 33180 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	Title	AMBR
Name	GERMAIN, VANESSA	Name	ROMAIN, REYNETTE
Address	1645 PALM BEACH LAKES BLVD STE 1200	Address	1645 PALM BEACH LAKES BLVD STE 1200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	AMBR	Title	AMBR
Name	MEANT, BIANCA	Name	JEAN-WINDER, TATIANA
Address	1645 PALM BEACH LAKES BLVD STE 1200	Address	1645 PALM BEACH LAKES BLVD STE 1200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401

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: REYNETTE ROMAIN MANAGAING OWNER 04/20/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date