

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000110404

Entity Name: BEHAVE WELLNESS LLC

Current Principal Place of Business:

2217 RESERVATION RD
GULF BREEZE, FL 32563

Current Mailing Address:

2217 RESERVATION RD
GULF BREEZE, FL 32563 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANGELIS, NICHOLAS M
2217 RESERVATION RD
GULF BREEZE, FL 32563 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 ANGELIS, NICHOLAS M
Address 2217 RESERVATION RD
City-State-Zip: GULF BREEZE FL 32563

Title AP
Name CHIPLONIA-SWIRCEK, GINA
Address 2217 RESERVATION RD
City-State-Zip: GULF BREEZE FL 32563

Title AP
Name SPIES INGERSOLL, SHANNON
Address 2217 RESERVATION RD
City-State-Zip: GULF BREEZE FL 32563

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: NICHOLAS ANGELIS

MGR

02/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date