

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000289708

**Entity Name:** ARENA COUNSELING AND WELLNESS LLC

**Current Principal Place of Business:**

300 E UNIVERSITY AVE  
SUITE 210  
GAINESVILLE, FL 32601

**Current Mailing Address:**

300 E UNIVERSITY AVE  
SUITE 210  
GAINESVILLE, FL 32601 US

**FEI Number:** 83-2904047

**Certificate of Status Desired:** No

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

GREGORY, KELLY  
201 SOUTHEAST 2ND AVENUE  
SUITE 407  
GAINESVILLE, FL 32601 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  
Name            GREGORY, KELLY  
Address        7141 S MAGNOLIA AVE  
City-State-Zip: Ocala FL 34476

*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:** KELLY GREGORY

**OWNER**

**01/23/2023**

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

\_\_\_\_\_  
Date