

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000169312

Entity Name: VILLAGE WELLNESS OF ST. AUGUSTINE, LLC

Current Principal Place of Business:

290 PASEO REYES DRIVE
ST AUGUSTINE, FL 32095

Current Mailing Address:

14344 SILVERTIP COURT
JACKSONVILLE, FL 32258 US

FEI Number: 84-2372432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELVIR, PATRICIA MD
14344 SILVERTIP COURT
JACKSONVILLE, FL 32258 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 ELVIR, PATRICIA MD
Address 14344 SILVERTIP COURT
City-State-Zip: JACKSONVILLE FL 32258

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: PATRICIA ELVIR MD

PRESIDENT

04/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date