

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000185180

Entity Name: SEASIDE COUNSELING AND WELLNESS, LLC

Current Principal Place of Business:

5716 90TH AVE CIR EAST
PARRISH, FL 34219

Current Mailing Address:

5716 90TH AVE CIR EAST
PARRISH, FL 34219 US

FEI Number: 84-2589784

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, JOAN L
5716 90TH AVE CIR EAST
PARRISH, FL 34219 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 AR
Name JONES, CHRISTOPHER A
Address 5716 90TH AVE CIR EAST
City-State-Zip: PARRISH FL 34219

Title AR
Name JONES, JOURDAN A
Address 512 CHURCHVIEW CT
City-State-Zip: DELAWARE OH 43015

Title AR
Name JONES, JOAN L
Address 5716 90TH AVE CIR EAST
City-State-Zip: PARRISH FL 34219

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: JOAN JONES

OWNER

03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date