

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000097566

**Entity Name:** OCEANSIDE HEALTH AND WELLNESS LLC

**Current Principal Place of Business:**

1800 43RD AVE  
VERO BEACH, FL 32960

**Current Mailing Address:**

1800 43RD AVE  
VERO BEACH, FL 32960 US

**FEI Number: 88-2969379**

**Certificate of Status Desired: Yes**

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

MACE, JESSE L  
8116 AMALFI CIRCLE  
FORT PIERCE, FL 34951 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	APRN/ OWNER	Title	ADMINISTRATIVE ASSISTANT
Name	MACE, JESSE LEE	Name	HUFFMAN-MACE, KIRSTIN NICOLE
Address	1800 43RD AVENUE	Address	1800 43RD AVENUE
City-State-Zip:	VERO BEACH FL 32960	City-State-Zip:	VERO BEACH FL 32960

*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: JESSE LEE MACE**

**APRN/ OWNER**

**04/29/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date