

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000259311

**Entity Name:** SAINTE HOLISTIC WELLNESS, LLC

**Current Principal Place of Business:**

2687 N. GARDEN DR.  
201  
LAKE WORTH, FL 33461

**Current Mailing Address:**

2687 N. GARDEN DR.  
201  
LAKE WORTH, FL 33461 US

**FEI Number:** 88-2838653

**Certificate of Status Desired:** Yes

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

NEVISTIC, SNJEZANA  
2687 N. GARDEN DR.  
201  
LAKE WORTH, FL 33461 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            PRES  
Name            NEVISTIC, SNJEZANA  
Address        2687 N. GARDEN DR.  
                  201  
City-State-Zip: LAKE WORTH FL 33461

*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:** SNJEZANA NEVISTIC

**PRESIDENT**

**04/29/2023**

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

\_\_\_\_\_  
Date