

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000259311

Entity Name: SAINTE HOLISTIC WELLNESS, LLC

Current Principal Place of Business:

4176 74TH PL. N.
452
WEST PALM BEACH, FL 33404

Current Mailing Address:

4176 74TH PL. N.
452
WEST PALM BEACH, FL 33404 US

FEI Number: 88-2838653

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NEVISTIC, SNJEZANA
4176 74TH PL. N.
452
WEST PALM BEACH, FL 33404 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 4176 74TH PL. N.
 452
City-State-Zip: WEST PALM BEACH FL 33404

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

PRES

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date