

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L22000372720

Entity Name: STRIVE HEALTH & WELLNESS LLC**Current Principal Place of Business:**1874 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952**Current Mailing Address:**1874 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952 US**FEI Number:** 92-0287677**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAILEY, BLAKE G
1874 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 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	BAILEY, BLAKE G
Address	1874 SE PORT ST LUCIE BLVD
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	MGR
Name	NAVE, GERALD
Address	1874 SE PORT ST LUCIE BLVD
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	MGR
Name	GEIGUS, BENJAMIN
Address	1874 SE PORT ST LUCIE BLVD
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	MGR
Name	PALLARINO, TIFFANIE
Address	1874 SE PORT ST LUCIE BLVD
City-State-Zip:	PORT SAINT LUCIE FL 34952

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: BLAKE BAILEY

MGR

07/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date