

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000281334

**Entity Name:** ELEMENTS OF WELLNESS , LLC

**Current Principal Place of Business:**

10542 S US 1  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

10542 S US 1  
PORT ST LUCIE, FL 34952 US

**FEI Number: 88-2957690**

**Certificate of Status Desired: No**

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

SELF EXPRESSION THERAPY SERVICES LLC  
10542 S US 1  
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: JANA E BELL**

**03/20/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	SELF EXPRESSION THERAPY SERVICES LLC
Address	10542 S US 1
City-State-Zip:	PORT ST LUCIE FL 34952
Title	MGRM
Name	COMPASSIONATE COUNSELING SERVICES OF TREASURE COAST LLC
Address	10542 S US 1
City-State-Zip:	PORT ST LUCIE FL 34952

Title	MGRM
Name	MECA WELLNESS LLC
Address	10542 S US 1
City-State-Zip:	PORT ST LUCIE FL 34952
Title	MGRM
Name	RIVERA AMIN, STEPHANY
Address	10542 S US 1
City-State-Zip:	PORT ST 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: JANA E BELL**

**MANAGER**

**03/20/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date