

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000318485

Entity Name: LEAPING LEMURS NIGHT CARE LLC

Current Principal Place of Business:

4107 WEDGEMERE DR
TAMPA, FL 33610

Current Mailing Address:

4107 WEDGEMERE DR
TAMPA, FL 33610

FEI Number: 88-2205977

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TILLMAN, ARIELLE
4107 WEDGEMERE DR
TAMPA, FL 33610 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 CEO, PRESIDENT
Name TILLMAN, ARIELLE
Address 4107 WEDGEMERE DR
City-State-Zip: TAMPA FL 33610

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: ARIELLE TILLMAN

CEO

05/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date