

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000394989

**Entity Name:** CARING PSYCHOTHERAPY LLC

**Current Principal Place of Business:**

1600 KILWINNING CT.  
PALM HARBOR, FL 34684

**Current Mailing Address:**

1600 KILWINNING CT.  
PALM HARBOR, FL 34684

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TODARO, JEANETTE  
1600 KILWINNING CT.  
PALM HARBOR, FL 34684 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 AMBR  
Name TODARO, JEANETTE  
Address 1600 KILWINNING CT  
City-State-Zip: PALM HARBOR FL 34684

*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:** JEANETTE TODARO

**OWNER**

**04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date