

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000086478

Entity Name: KINDCARE THERAPY SOLUTIONS, LLC

Current Principal Place of Business:

1501 E SILVER STAR RD.
SUITE 1637
OCOEE, FL 34761

Current Mailing Address:

1501 E SILVER STAR RD.
SUITE 1637
OCOEE, FL 34761 US

FEI Number: 86-3043066

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTRO, DAISY
1036 LA MIRADA CT
KISSIMMEE, FL 34744 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	Title	AUTHORIZED MEMBER
Name	CASTRO, DAISY	Name	MENDONCA, CRISNIA
Address	1036 LA MIRADA CT	Address	1036 LA MIRADA CT
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744

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: DAISY CASTRO

KINDCARE THERAPY

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date