

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000238360

**Entity Name:** DR. BITTAR PARENTING, LLC

**Current Principal Place of Business:**

5005 NW 59 TER  
GAINESVILLE, FL 32653

**Current Mailing Address:**

PO BOX 358601  
GAINESVILLE, FL 32635 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BITTAR, KRYSTAL  
5005 NW 59 TER  
GAINESVILLE, FL 32653 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	Title	AR
Name	BITTAR, KRYSTAL	Name	KURENUMA, KENJI
Address	5005 NW 59 TER	Address	5005 NW 59 TER
City-State-Zip:	GAINESVILLE FL 32653	City-State-Zip:	GAINESVILLE FL 32653

*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:** KRYSTAL BITTAR

CEO

04/30/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date