

2024 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
Name BITTAR, KRYSTAL
Address 5005 NW 59 TER
City-State-Zip: GAINESVILLE FL 32653

Title AR
Name KURENUMA, KENJI
Address 5005 NW 59 TER
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

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date