

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000284063

**Entity Name:** SACRED KNOWLEDGE DOULA CARE LLC

**Current Principal Place of Business:**

21405 OLEAN BLVD  
APT#501  
PT CHARLOTTE, FL 33952

**Current Mailing Address:**

21405 OLEAN BLVD  
APT#501  
PT CHARLOTTE, FL 33952 US

**FEI Number:** 86-2532210

**Certificate of Status Desired:** No

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

LUGO, EMILY  
21405 OLEAN BLVD  
APT#501  
PT CHARLOTTE, FL 33952 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            LUGO, EMILY  
Address        21405 OLEAN BLVD  
                  APT#501  
City-State-Zip: PT CHARLOTTE FL 33952

*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:** EMILY LUGO

**OWNER**

**01/04/2024**

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

\_\_\_\_\_ Date