

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000342763

**Entity Name:** SOUTH PALM FAMILY CENTER, LLC

**Current Principal Place of Business:**

1701 SE HILLMOOR DR  
SUITE B9  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

1701 SE HILLMOOR DR  
SUITE B9  
PORT ST LUCIE, FL 34952 US

**FEI Number:** 87-1929540

**Certificate of Status Desired:** Yes

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

BROOKS, JUDITH  
1701 HILLMOOR DRIVE  
SUITE 9  
PORT ST LUCIE, FL 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 BROOKS, JUDITH  
Address 1701 HILLMOOR DRIVE  
SUITE 9  
City-State-Zip: PORT ST LUCIE FL 34952

*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:** JUDITH BROOKS

MANAGER

04/09/2025

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

\_\_\_\_\_  
Date