

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000526917

**Entity Name:** BLOOMING KIDS THERAPY LLC

**Current Principal Place of Business:**

13137 SW 215TH TER  
MIAMI, FL 33177

**Current Mailing Address:**

13137 SW 215TH TER  
MIAMI, FL 33177 UN

**FEI Number:** 92-1406671

**Certificate of Status Desired:** No

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

VALVERDE, HANY  
13137 SW 215TH TER  
MIAMI, FL 33177 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 AUTHORIZED MEMBER  
Name VALVERDE, HANY  
Address 13137 SOUTHWEST 215TH TERRACE  
City-State-Zip: MIAMI FL 33177

Title AUTHORIZED MEMBER  
Name VALVERDE, HANY  
Address 13137 SOUTHWEST 215TH TERRACE  
City-State-Zip: MIAMI FL 33177

*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:** HANY VALVERDE

**AUTHORIZED MEMBER**

**03/19/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date