

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000429064

**Entity Name:** BLUE DREAMS BEHAVIORAL SERVICES, LLC

**Current Principal Place of Business:**

4535 W KNOLLWOOD ST  
TAMPA, FL 33614

**Current Mailing Address:**

4535 W KNOLLWOOD ST  
TAMPA, FL 33614

**FEI Number:** 93-3449312

**Certificate of Status Desired:** No

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

DELGADO SOSA, RAFMARY  
4535 W KNOLLWOOD ST  
TAMPA, FL 33614 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 DELGADO SOSA, RAFMARY  
Address 4535 W KNOLLWOOD ST  
City-State-Zip: TAMPA FL 33614

*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:** RAFMARY DELGADO SOSA

RBT

03/25/2024

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

\_\_\_\_\_ Date