

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000139956

**Entity Name:** SENSIBLE HEALTHCARE LLC

**Current Principal Place of Business:**

2700 OLD WINTERGARDEN ROAD  
OCOE, FL 34761

**Current Mailing Address:**

2700 OLD WINTERGARDEN ROAD  
OCOE, FL 34761 US

**FEI Number:** 47-4801713

**Certificate of Status Desired:** No

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

BOWMAN, WILLIAM K  
2700 OLD WITNERGARDEN ROAD  
OCOE, FL 34761 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 TAYLOR, KELLY N  
Address 3314 ROYAL ASCOT RUN  
City-State-Zip: GOTH FL 34734

Title AMBR  
Name KELLY SQUARED LLC C/O KELLY  
BOWMAN  
Address 3314 ROYAL ASCOT RUN  
City-State-Zip: GOTH FL 34734

*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:** WILLIAM KELLY BOWMAN

**MANAGER**

**04/16/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date