

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000183198

**Entity Name:** KIDS LEARNING THERAPY LLC

**Current Principal Place of Business:**

620 S. LOIS AVE  
TAMPA, FL 33609

**Current Mailing Address:**

620 S. LOIS AVE  
TAMPA, FL 33609 US

**FEI Number:** 47-5334196

**Certificate of Status Desired:** No

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

BELLEGARRIGUE, ERICA  
620 S. LOIS AVE  
TAMPA, FL 33609 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 BELLEGARRIGUE, ERICA  
Address 620 S. LOIS AVE  
City-State-Zip: TAMPA FL 33609

*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:** ERICA BELLEGARRIGUE

OTR/L

01/28/2025

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

\_\_\_\_\_  
Date