

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000002000

Entity Name: FORALLKIDS, LLC**Current Principal Place of Business:**501 6TH AVENUE SOUTH
ST. PETERSBURG, FL 33701**Current Mailing Address:**501 6TH AVENUE SOUTH
ST. PETERSBURG, FL 33701 US**FEI Number:** 82-5243802**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, VICKIE
501 6TH AVENUE SOUTH
LEGAL, 6500002700
ST. PETERSBURG, FL 33701 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:** VICKIE WILLIAMS

03/15/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR
Name	JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC
Address	501 6TH AVENUE SOUTH
City-State-Zip:	ST. PETERSBURG FL 33701

Title	MANAGER
Name	SCHULHOF, ALICIA
Address	501 6TH AVENUE SOUTH
City-State-Zip:	ST. PETERSBURG FL 33701

Title	MANAGER
Name	ROGERS, SHERRON
Address	501 6TH AVENUE SOUTH
City-State-Zip:	ST. PETERSBURG FL 33701

Title	MANAGER
Name	DANIELSON, PAUL DR.
Address	501 6TH AVENUE SOUTH
City-State-Zip:	ST. PETERSBURG FL 33701

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: SHERRON ROGERS

MANAGER

03/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date