

**2021 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:**CREWS, KEVIN  
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:** KEVIN CREWS

01/12/2021

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	KMETZ, THOMAS
Address	501 6TH AVENUE SOUTH
City-State-Zip:	ST. PETERSBURG FL 33701

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

Title	MANAGER
Name	JOSHI, DIVYA 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:** GERAD THERIAC

CFO

01/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date