

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000172030

**Entity Name:** FULL CIRCLE MIDWIFERY LLC

**Current Principal Place of Business:**

125 W PLYMOUTH AVENUE  
SUITE B  
DELAND, FL 32720

**Current Mailing Address:**

1110 E. ARIZONA AVE  
DELAND, FL 32724 US

**FEI Number:** 83-2009539

**Certificate of Status Desired:** No

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

ZOSMAN CUPO, ESTEE  
125 W PLYMOUTH AVENUE  
SUITE B  
DELAND, FL 32720 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:** ESTEE ZOSMAN CUPO

02/03/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MW  
Name CUPO, ESTEE REBECCA  
Address 1110 E. ARIZONA AVE  
City-State-Zip: DELAND FL 32724

*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:** ESTEE CUPO

LM CPM

02/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date