

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000042744

**Entity Name:** WHOLE CARE SOLUTIONS, LLC

**Current Principal Place of Business:**

7951 RIVIERA BLVD. #103  
MIRAMAR, FL 33023

**Current Mailing Address:**

7951 RIVIERA BLVD. #103  
MIRAMAR, FL 33023 US

**FEI Number:** 84-5094451

**Certificate of Status Desired:** No

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

LOVELACE, RICHARD  
11113 BISCAYNE BLVD, UNIT 1155  
MIAMI, FL 33181 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 LOVELACE, RICHARD  
Address 11113 BISCAYNE BLVD, UNIT 1155  
City-State-Zip: MIAMI FL 33181

*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:** RICHARD LOVELACE

MGR

04/25/2025

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

\_\_\_\_\_  
Date