

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000106075

Entity Name: THECARINGTHERAPIST, LLC

Current Principal Place of Business:

3564 AVALON PARK E BLVD
STE 1#A737
ORLANDO, FL 32828

Current Mailing Address:

3564 AVALON PARK E BLVD
STE 1#A737
ORLANDO, FL 32828 US

FEI Number: 86-2821838

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT INC.
7901 4TH ST N
300
ST. PETERSBURG, FL 33702 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 BELLAMY, JEANNE
Address 3564 AVALON PARK E BLVD
SUITE 1 #A737
City-State-Zip: ORLANDO FL 32828

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: JEANNE BELLAMY

MANAGER

01/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date