

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000130665

Entity Name: WECARE TLC, LLC

Current Principal Place of Business:

999 DOUGLAS AVE.
STE. 1119
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

999 DOUGLAS AVE.
STE. 1119
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-2989436

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name DOUARON, RAEGAN LE
Address 999 DOUGLAS AVE.
 STE. 1119
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: RAEGAN LE DOUARON

MANAGER

02/24/2026

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date