

**2025 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**

**03/06/2025**

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

\_\_\_\_\_ Date