2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 02, 2025
Secretary of State
8561627670CC

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Entity Name: BLUE CARE BEHAVIOR THERAPY LLC

Current Principal Place of Business:

5516 ROBERT SCOTT DR N
JACKSONVILLE, FL 32207

Current Mailing Address:

5516 ROBERT SCOTT DR N
JACKSONVILLE, FL 32207 US

FEI Number: 88-2438258

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUINTERO, ANAY
5516 ROBERT SCOTT DR N
JACKSONVILLE, FL 32207 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	PRESIDENT	Title	VP
Name	QUINTERO, ANAY	Name	LOPEZ HERNANDEZ, LITZY
Address	5516 ROBERT SCOTT DR N	Address	5516 ROBERT SCOTT DR N
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207

Title	SECRETARY
Name	DILLS , DAYRA Y
Address	5516 ROBERT SCOTT DR N
City-State-Zip:	JACKSONVILLE FL 32207

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: ANAY QUINTERO PRESIDENT 01/02/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date