2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2024
Secretary of State
5320995863CC

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Entity Name: CARE BEARS WIPES TEARS , LLC

Current Principal Place of Business:

9340 SUNSET STRIP
SUNRISE, FL 33322

Current Mailing Address:

9340 SUNSET STRIP
SUNRISE, FL 33322

FEI Number: 88-1810887

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GEDEON, MARX
4987 N UNIVERSITY DR
22B
LAUDERHILL, FL 33351 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	Title	AMBR
Name	ST LOUIS, LOUISE A	Name	DELHOMME, BERVELY
Address	9340 SUNSET STRIP	Address	9340 SUNSET STRIP
City-State-Zip:	SUNRISE FL 33322	City-State-Zip:	SUNRISE FL 33322

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: LOUISE A ST LOUIS MANAGER 04/30/2024

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