

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000526323

**Entity Name:** CHILDCARE PROFESSIONAL SERVICES, LLC

**Current Principal Place of Business:**

8923 SE CERES STREET  
HOBE SOUND, FL 33455

**Current Mailing Address:**

8923 SE CERES STREET  
HOBE SOUND, FL 33455 US

**FEI Number: 88-4402825**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GERMAIN, ANASTASIA  
8923 SE CERES STREET  
HOBE SOUND, FL 33455 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 DR.  
Name GERMAIN, ANASTASIA  
Address 8923 SE CERES STREET  
City-State-Zip: HOBE SOUND FL 33455

*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: ANASTASIA GERMAIN**

**OWNER**

**02/06/2025**

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

\_\_\_\_\_ Date