

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000115054

**Entity Name:** STTP WECARE LLC

**Current Principal Place of Business:**

1317 EDGEWATER DR.  
1049  
ORLANDO, FL 32804

**FILED**  
**Apr 10, 2024**  
**Secretary of State**  
**7321073511CC**

**Current Mailing Address:**

1880 RUSTIC FALL DR  
1049  
KINDRED, FL 34744 US

**FEI Number:** 92-2872059

**Certificate of Status Desired:** No

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

HYATT, PETRONA  
1317 EDGEWATER DR  
1049  
ORLANDO, FL 32804 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  
Name            HYATT, PETRONA  
Address        1880 RUSTIC FALLS DRIVE  
City-State-Zip: KINDRED FL 34744

Title            AR  
Name            KEANE, SASHELL  
Address        1880 RUSTIC FALLS DRIVE  
City-State-Zip: KINDRED FL 34744

*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:** HYATT, PETRONA

**MANAGER**

**04/10/2024**

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

\_\_\_\_\_  
Date