2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2025
Secretary of State
6956378911CC

DOCUMENT# L23000320722

Entity Name: WHOLE FAMILY CARE LLC

Current Principal Place of Business:

35 BARKLEY CIR STE 2
FORT MYERS, FL 33907

Current Mailing Address:

1765 18TH AVE NE
NAPLES, FL 34120 US

FEI Number: 93-2270862

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRUZ, YUDIT ALMENARES
1765 16TH AVE NE
NAPLES, FL 34120 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	AMBR
Name	ALMENARES CRUZ, YUDIT
Address	1765 18TH AVE NE
City-State-Zip:	NAPLES FL 34120

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: YUDIT ALMENARES CRUZ AMBR 01/23/2025

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