#### 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000368554

Entity Name: BELLA VIDA CARE SOLUTIONS LLC

**FILED** Aug 17, 2025 **Secretary of State** 7516255023CC

# **Current Principal Place of Business:**

332 AVE B SW SUITE 106

WINTER HAVEN, FL 33880

# **Current Mailing Address:**

1901 MYAKKA CT KISSIMMEE, FL 34759

FEI Number: 99-4572593 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

HEILMANN, RACHEL E 332 AVE B SW SUITE 106 WINTER HAVEN, FL 33880 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

PALACIOS, ISIS Name 332 AVE B SW Address

SUITE 106

City-State-Zip: WINTER HAVEN FL 33880

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.

08/17/2025 SIGNATURE: ISIS PALACIOS TITLE MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date