

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000202479

**Entity Name:** KYDS MIAMI THERAPY CENTER LLC

**Current Principal Place of Business:**

2500 NW 79TH AVE  
SUITE 256  
DORAL, FL 33122

**Current Mailing Address:**

2500 NW 79TH AVE  
SUITE 256  
DORAL, FL 33122

**FEI Number:** 88-2341239

**Certificate of Status Desired:** No

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

RAMIREZ, KARLA D  
14621 SW 183RD TER  
MIAMI, FL 33177 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	MGR
Name	RAMIREZ, KARLA D	Name	ORTIZ, YENITZA I
Address	14621 SW 183RD TER	Address	14621 SW 183RD TER
City-State-Zip:	MIAMI FL 33177	City-State-Zip:	MIAMI FL 33177

*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:** YENITZA ORTIZ

**OWNER**

**02/21/2023**

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

\_\_\_\_\_  
Date