

2024 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 I. ORTIZ

MGR

01/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date