

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038262

Entity Name: KIDS CORNER, LLC**Current Principal Place of Business:**3275 NW 84 AVENUE
MIAMI, FL 33122**Current Mailing Address:**3275 NW 84 AVENUE
MIAMI, FL 33122**FEI Number:** 20-0929097**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TRILLES, JORGE
7701 S.W. 78 STREET
MIAMI, FL 33143 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	MGRM
Name	CABRERA, JUAN
Address	7765 SW 75 AVE
City-State-Zip:	MIAMI FL 33143

Title	MGRM
Name	CABRERA, VICTORIA
Address	7765 SW 75 AVE
City-State-Zip:	MIAMI FL 33143

Title	MGRM
Name	TRILLES, JORGE
Address	7701 SW 78 ST
City-State-Zip:	MIAMI FL 33143

Title	MGRM
Name	TRILLES, CLAUDIA
Address	7701 SW 78 ST
City-State-Zip:	MIAMI FL 33143

Title	MGRM
Name	CRUZ, VICTOR V
Address	15103 TATENSHALL TRAIL
City-State-Zip:	SOUTHWEST RANCHES FL 33331

Title	MGRM
Name	CRUZ, LOURDES
Address	15103 TATENSHALL TRAIL
City-State-Zip:	SOUTHWEST RANCHES FL 33331

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: CLAUDIA TRILLES**MGRM****02/10/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date