

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026533

Entity Name: ROSARIO'S DAY CARE CENTER LLC**Current Principal Place of Business:**17278 SW 36TH AVENUE RD
OCALA, FL 34473**Current Mailing Address:**17278 SW 36TH AVENUE RD
OCALA, FL 34473 US**FEI Number:** 20-8607948**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSARIO, MARIA
17278 SW 36TH AVENUE RD
OCALA, FL 34473 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	ROSARIO, MARIA
Address	17278 SW 36TH AVENUE RD
City-State-Zip:	OCALA FL 34473

Title	MANAGER
Name	ROSARIO, DANNY
Address	2160 SW 158TH ST RD
City-State-Zip:	OCALA FL 34473

Title	MGR
Name	LEBRON, CYNTHIA
Address	15735 SW 52 AVE RD
City-State-Zip:	OCALA FL 34473

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: MARIA ROSARIO

MANAGER

03/23/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date