

**2016 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

**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

*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**

**03/17/2016**

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

\_\_\_\_\_ Date