

**2018 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	Title	MANAGER
Name	ROSARIO, MARIA	Name	ROSARIO, DANNY
Address	17278 SW 36TH AVENUE RD	Address	2160 SW 158TH ST RD
City-State-Zip:	OCALA FL 34473	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

**MEMBER MANAGER**

**04/25/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date