MOONT DORA	, FL 32757			
Current Mai	ling Address:			
37711 CR 43	39			
EUSTIS, FL	32736 US			
FEI Number: 65-1299277			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
THORPES CONSULTING SYSTEMS INC 7345 W SAND LAKE RD. STE 306 ORLANDO, FL 32819 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.				
The above named	l entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	rida.
	d entity submits this statement for the purpose of changing its regi E: LYSANDER THORPE	stered office or regis	tered agent, or both, in the State of Flo	rida. 04/29/2023
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	stered office or regis	tered agent, or both, in the State of Flo	
SIGNATURE	E: LYSANDER THORPE	stered office or regis	tered agent, or both, in the State of Flo	04/29/2023
SIGNATURE	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	04/29/2023
SIGNATURE	E: LYSANDER THORPE Electronic Signature of Registered Agent Person(s) Detail :			04/29/2023
SIGNATURE Authorized	E: LYSANDER THORPE Electronic Signature of Registered Agent Person(s) Detail : DIRECTOR	Title	MGRM	04/29/2023
SIGNATURE Authorized Title Name	E: LYSANDER THORPE Electronic Signature of Registered Agent Person(s) Detail : DIRECTOR MULLER, CYNTHIA DOMINIQUE 37711 CR 439	Title Name	MGRM VARY, STEPHEN 37711 CR 439	04/29/2023

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031811

Entity Name: THE LEARNING CURVE EARLY CHILDHOOD CENTER, LLC

Current Principal Place of Business:

4075 N HWY 19A MOUNT DORA, FL 32757

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: MULLER, CYNTHIA DOMINIQUE

DIRECTOR

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 29, 2023 Secretary of State 2528652362CC