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.

MANAGER

SIGNATURE: MARIA D GOMEZ

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

Entity Name: ARCO IRIS CHILD CARE, LLC

11345 S.W. 128 STREET MIAMI, FL 33176

#### **Current Mailing Address:**

11345 S.W. 128 STREET MIAMI, FL 33176

### FEI Number: 26-1145281

#### Name and Address of Current Registered Agent:

FERNANDEZ, DAVID 11345 SW 128TH STREET MIAMI, FL 33176 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	DAVID FERNANDEZ			01/28/2019	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGRM	Title	MGR		
Name	GOMEZ, IRENE	Name	GOMEZ, MARIA D		
Address	11345 S.W. 128 STREET	Address	11345 S.W. 128 STREET		
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176		

Certificate of Status Desired: No

FILED Jan 28, 2019 Secretary of State 8834290873CC

01/28/2019

Date

## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L07000098060