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.

MGRM

SIGNATURE: BEERS, LISA

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM	
Name	CLARKE, TONI A	Name	BEERS, LISA	
Address	8462 BUTLER GREENWOOD DR	Address	PO BOX 211748	
City-State-Zip:	ROYAL PALM BEACH FL 33411	City-State-Zip:	ROYAL PALM BEACH FL 33421	

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L1300002771

Entity Name: INFANT SWIMMING RESOURCE SWIM SCHOOL LLC

Current Principal Place of Business:

587 NORTH 105TH AVE 25 ROYAL PALM BEACH, FL 33411

Current Mailing Address:

587 NORTH 105TH AVE 25 ROYAL PALM BEACH, FL 33411

FEI Number: 46-2085302

Name and Address of Current Registered Agent:

CLARKE, TONI ANN 8462 BUTLER GREENWOOD DR ROYAL PALM BEACH, FL 33411 US

Electronic Signature of Registered Agent

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:

Title	MGRM	Title	MGRM
Name	CLARKE, TONI A	Name	BEERS, LISA
Address	8462 BUTLER GREENWOOD DR	Address	PO BOX 211748
City-State-Zip:	ROYAL PALM BEACH FL 33411	City-State-Zip:	ROYAL PALM BEACH FL 33421

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Certificate of Status Desired: No

Date

04/30/2015