

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000074175

**Entity Name:** NEW BEGINNINGS CHILD CARE CENTER, LLC

**Current Principal Place of Business:**

541 PEACHTREE STREET  
COCOA, FL 32922

**Current Mailing Address:**

2532 SANTA CLARA AVE.  
#175  
ALAMEDA, CA 94501 US

**FEI Number:** 46-1131921

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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           MANAGER  
Name           MIOTT, CRAIG D  
Address        2532 SANTA CLARA AVE.  
                  #175  
City-State-Zip: ALAMEDA CA 94501

*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:** CRAIG MIOTT

MEMBER

03/02/2024

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

\_\_\_\_\_ Date