

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000106689

**Entity Name:** QUEENIE TIME DAY CARE, L.L.C.

**Current Principal Place of Business:**

3480 13TH AVE SW  
NAPLES, FL 34117

**Current Mailing Address:**

3480 13TH AVE SW  
NAPLES, FL 34117 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LICOURT, NICOLE  
3480 13TH AVE SW  
NAPLES, FL 34117 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            OWNER  
Name            LICOURT, NICOLE  
Address        2380 WHITE BLVD  
City-State-Zip: NAPLES FL 34117

*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:** NICOLE LICOURT

OWNER

02/16/2019

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

\_\_\_\_\_  
Date