

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000286611

Entity Name: EARLY LEARNING PARTNERS LLC**Current Principal Place of Business:**5400 BROKEN SOUND BLVD NW STE 100
BOCA RATON, FL 33487**Current Mailing Address:**5400 BROKEN SOUND BLVD NW STE 100
BOCA RATON, FL 33487 US**FEI Number:** 83-4641080**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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	MGR
Name	SMITH, PETER H
Address	5400 BROKEN SOUND BLVD NW STE 100
City-State-Zip:	BOCA RATON FL 33487

Title	MGR
Name	MULLER, CORINNE
Address	5400 BROKEN SOUND BLVD NW STE 100
City-State-Zip:	BOCA RATON FL 33487

Title	MGR
Name	VINSON, JOSEPH D
Address	5400 BROKEN SOUND BLVD NW STE 100
City-State-Zip:	BOCA RATON FL 33487

Title	MGR
Name	VINSON, SASHA K
Address	5400 BROKEN SOUND BLVD NW STE 100
City-State-Zip:	BOCA RATON FL 33487

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: PETER H SMITH**MANAGING MEMBER****05/14/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date