

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000212581

Entity Name: BYRD FAMILY DAYCARE HOME LLC

Current Principal Place of Business:

72 CONE RD
CRAWFORDVILLE, FL 32327

Current Mailing Address:

72 CONE RD
CRAWFORDVILLE, FL 32327

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BYRD, SANDRA K
72 CONE RD
CRAWFORDVILLE, FL 32327 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 BYRD, DAVE S
Address 72 CONE RD
City-State-Zip: CRAWFORDVILLE FL 32327

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: DAVE BYRD

MANAGER

06/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date