

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000049358

**Entity Name:** MAGIC TREE HOUSE ACADEMY - DAYCARE LLC

**Current Principal Place of Business:**

225 SW 25TH AVE  
CAPE CROAL, FL 33991

**Current Mailing Address:**

225 SW 25TH AVE  
CAPE CORAL, FL 33991

**FEI Number:** 86-1896076

**Certificate of Status Desired:** No

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

DORN, DANA C  
225 SW 25TH AVE  
CAPE CORAL, FL 33991 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                 | Title           | AP                  |
| Name            | DORN, DANA C        | Name            | RODRIGUEZ, EDWIN    |
| Address         | 225 SW 25TH AVE     | Address         | 225 SW 25TH AVE     |
| City-State-Zip: | CAPE CORAL FL 33991 | City-State-Zip: | CAPE CORAL FL 33991 |

*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:** DANA C DORN

**MBR**

**03/05/2022**

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

\_\_\_\_\_  
Date