

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000012659**

1. Entity Name

**JACK & JILL LEARNING CENTERS, L.C.**



Principal Place of Business

**72 MAGNOLIA DR  
ST. AUGUSTINE FL 32080**

Mailing Address

**72 MAGNOLIA DR  
ST. AUGUSTINE FL 32080**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

**59-3734706**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEELE, JENNIFER  
72 MAGNOLIA DR  
ST. AUGUSTINE FL 32080**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature typed or printed name of registered agent is acceptable)

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **STEELE, JENNIFER**  
STREET ADDRESS **72 MAGNOLIA DR**  
CITY-STATE-ZIP **ST. AUGUSTINE FL 32080**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:**

*Jennifer Steele*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**April 21, 08 904-808-0700**

Date

Signature Page #