LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 60/00001 6495

1. Entity Name
Littlest Angels Enaly LEARNING CENTER, LL.G



FILED Aug 30, 2004 8:00 am Secretary of State 08-30-2004 90140 011 ****50.00

Daytime Phone #

		See we true	
DO NOT WRITE IN THIS SPACE			24082124
Principal Place of Business SOY W. INDIANA Suite, Apt. #, etc. 3. Mailing Address 1988 Dai 2. Suite, Apt. #, etc.		y LANE	DO NOT WRITE IN THIS SPACE
Cine State FAY , FL	City & State	E1	4. FEI Number Applied For Not Applied For Not Applicable
Zip 2425 Country U.S.A.	2ip 32425	Country S.A.	5. Certificate of Status Desired Status Desired Fee Required
DO NOT		Name FA	7. Name and Address of Current Registered Agent BANCES M. LEE
IN THIS SPACE		148	IS (P.O. Box Number is Not Acceptable) BY DAISY LANE
		City Bar	NIFAY FL 32925
 The above named entity submits this statement the obligations of registered agent. 	nt for the purpose of changing its re	gistered office or regist	stered agen, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE - Signature, typed or printed name of registered	greent and title if annilicable		DATE
	Make Check Payable	E IS \$50.00 to Florida Departn IE BY MAY 1	nent of State
MANAGING ME OWNER MANAGING ME	MBERS/MANAGERS	тите 1	and the state of t
TITLE OWNEAS MANE STREET ADDRESS CITY-ST-ZIP WANTENING INC. OWNEAS MANE FRANCES M. 1988 DAISY BLOWFRAY FL	LEE LANE	NAME STREET ADDRESS CITY+ST+ZIP	
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11 L bareby certify that the information supplier	and that my signature shall have th	he exemption stated in a same legal effect as	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the napter 608, Florida Statutes.