

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000020163

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** TREEHOUSE DAYCARE, L.L.C.

**Current Principal Place of Business:**

598 S.E. PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

598 S.E. PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

**FEI Number:** 14-1843430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEENE, LYNN  
598 PORT ST. LUCIE BLVD.  
PORT SAINT LUCIE, FL 34984 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** DORSEY, ALICE  
**Address:** 598 SE PORT ST. LUCUE BLVD.  
**City-St-Zip:** PORT SAINT LUCIE, FL 34984

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** ALICE DORSEY

MGR

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date