

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

07-21-2003 90089 040 ****50.00

DOCUMENT # L02000020383

1. Entity Name

CIRCLE OF FRIENDS CHILDCARE CENTER, LLC



Principal Place of Business

**2108 LEWIS TURNER BLVD.
FORT WALTON BEACH FL 32547
US**

Mailing Address

**2108 LEWIS TURNER BLVD.
FORT WALTON BEACH FL 32547
US**

55053242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4206984

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

**LAMBERT, LYNN O
2 SLEEPY HOLLOW ROAD
MARY ESTHER FL US**

Name

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

309 YACHT CLUB DR NE

Fort Walton Beach

FL

Zip Code 32548

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 and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
managin Member
Lynn Lambert
2108 Lewis Turner Blvd.
Fort Walton Beach FL 32547

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lynn Lambert* REQUIRED

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

11/0/03

Date

850-864-2273

Daytime Phone #

CR2E083 (4/03)