LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2003 8:00 am
Secretary of State
06-02-2003 90083 014 ****50.00

DOCUMENT # L02000032584

1. Entity Name
Ready. Set Go Childcare, LLC

DO NOT WRITE IN THIS SPACE

44004849

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3216 Sibert Avenue	315 Spring Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin FL 32541	City & State: Destin, FL
Zip: 32541 Country: Okaloosa	Zip: 32541 Country: Okaloosa

4. FEI Number: 05-0556702 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Muri Cass Kersanac

Street Address (P.O. Box Number is Not Acceptable): 315 Spring Lane

City: Destin FL Zip Code: 32541

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: Muri Kersanac DATE: 5/29/03
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Member – Treasurer
NAME	James T. Kersanac
STREET ADDRESS	315 Spring Lane
CITY-ST-ZIP	Destin, FL 32541
TITLE	V-President
NAME	Mike + Mollie Bisenere
STREET ADDRESS	558 Rough Leaf Lane
CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: Muri Kersanac 6/9/03 850 650-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #