

**-2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000005365

1. Entity Name
PIZARRO SCHOOL FOR MONTESSORI LEARNING, LLC



Principal Place of Business
**9850 SW 24 STREET
MIAMI, FL 33165**

Mailing Address
**9850 SW 24 STREET
MIAMI, FL 33165**



05122006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0680475

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIZARRO, PATRICK N MR.
16500 S.W. 173 AVENUE
MIAMI, FL 33187**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PIZARRO, MILTON
8999 SW 123 COURT, APT. #207
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PIZARRO, PATRICK
16500 S.W. 173 AVE
MIAMI, FL 33187**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PIZARRO, ZOE
16500 SW 173 AVE.
MIAMI, FL 33187**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000564523
05/20/06-80076-001 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

5/1/06

786 286 0896

Date

Daytime Phone #