

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90023 002 ****50.00

DOCUMENT # L03000016584

1. Entity Name
A CHILD'S ADVENTURE, LLC



Principal Place of Business
829 BLUE HERON BLVD.
RUSKIN, FL 33570

Mailing Address
829 BLUE HERON BLVD.
RUSKIN, FL 33570

20000198



2. Principal Place of Business
5931 Frond Way
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01042005 Chg-LLC CR2E083 (10/03)

City & State
Apollo Beach, FL

City & State
City & State

Zip
33572

Country
Hillsborough

4. FEI Number
20-0243381

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WARD, CAROL H
829 BLUE HERON BLVD.
RUSKIN, FL 33570

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 Carol H Ward Carol H Ward DATE 1-4-05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIGGINS, CHARLENE F 1710 W. SHELLPOINT RD. RUSKIN, FL 33570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARD, CAROL H 829 BLUE HERON BLVD RUSKIN, FL 33570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARD, WESLEY L 829 BLUE HERON BLVD RUSKIN, FL 33570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Carol H Ward Carol H Ward DATE 01-04-05 DAYTIME PHONE # 813-641-9471

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