04-25-2008 90022 004 ***138.00

FILED L03000025430
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 15 PM 2:59

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025430

1. Entity Name
KIDZNPLAY SITTERS, LLC

60028747

Principal Place of Business	Mailing Address
2965 SHAMROCK STREET NORTH SUITE H-30 TALLAHASSEE, FL 32309	2965 SHAMROCK STREET NORTH SUITE H-30 TALLAHASSEE, FL 32309

04222008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6597 Man O War	6597 Man O War
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32309 Country: USA	Zip: 32309 Country: USA

4. FEI Number: 05-0504468 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEYERSON, SYDNI A
6753 THOMASVILLE ROAD
TALLAHASSEE, FL 32312

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: Allison Meyerson 4/22/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYERSON, S. ALLISON 2965 SHAMORCK STREET NORTH TALLAHASSEE, FL 32309	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Allison Meyerson 6597 Man O War Trl Tallahassee, FL 32309	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Allison Meyerson 4/22/08 850-591-3233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #