

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024576

FILED
Jan 05, 2009
Secretary of State

Entity Name: CHILDSTART LEARNING SOLUTIONS, LLC

Current Principal Place of Business:

1104 S. E. 13TH AVENUE
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 428
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 80-0104286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HINSON, YVONNE H
1104 S. E. 13TH AVE
GAINESVILLE, FL 32641 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HINSON, YVONNE
Address: 1104 S. E. 13TH AVE
City-St-Zip: GAINESVILLE, FL 32641

Title: MGR () Delete
Name: HINSON, KAMELYA
Address: 221 TUXWORTH CIRCLE
City-St-Zip: DECATUR, GA 30033

Title: MGR () Delete
Name: HINSON, HENRY I
Address: 300 LAKE MARINA, SUITE 5C
City-St-Zip: NEW ORLEANS, LA 70124

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HINSON, KAMELYA
Address: 1421 TUXWORTH CIRCLE
City-St-Zip: DECATUR, GA 30033

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YVONNE HINSON

DIR

01/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date