

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 14, 2006 08:00 A
Secretary of State

DOCUMENT # L04000043935

1. Entity Name

NAPLES SENSORY LEARNING CENTER, LLC



Principal Place of Business

130 TAMiami TRAIL N.
NAPLES, FL 34102 US

Mailing Address

130 TAMiami TRAIL N.
NAPLES, FL 34102 US



06202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1250635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, JAMES W ESQ.
7273 BEE RIDGE RD.
SARASOTA, FL 34241

**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

6-26-2006

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

U000000574289
08/14/06-80007-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRADLEY ELWOOD HABERMEHL TRUST, 3/24/2000
2284 RIDGEMOOR
BURTON, MI 48509

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CINDY LUCIA HABERMEHL
2284 RIDGEMOOR
BURTON, MI 48509

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**

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

Date

Daytime Phone #

6-26-2006 810 513-8690