

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90383 021 ****50.00

DOCUMENT # L04000049685

1. Entity Name
CREATIVE BEGINNINGS FAMILY CHILD CARE, LLC



Principal Place of Business
**232 EASTON CIRCLE
OVIEDO, FL 32765**

Mailing Address
**232 EASTON CIRCLE
OVIEDO, FL 32765**

20022230



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-1388970

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAPLAN, JEFFREY L
655 W. MORSE BLVD., SUITE 212
WINTER PARK, FL 32789**

Name
MARK LAMMERT

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

410 MACGREGOR ROAD

City
WINTER SPRINGS

FL

Zip Code
32708

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: **MARK LAMMERT**

[Signature]

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
RUBEL, NICOLE E
232 EASTON CIRCLE
OVIEDO, FL 32765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALLEN, JESSICA L
232 EASTON CIRCLE
OVIEDO, FL 32765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALLEN, JESSICA L.
628 CLEARN COURT
WINTER SPRINGS, FL 32708** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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: **Jessica L. Allen**

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

3-11-11/05 407-227-8266

Date Daytime Phone