## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000060828

Entity Name: LIL DOVE CHRISTIAN CHILD CARE, LLC

**FILED** Feb 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4232 N.W. 6TH STREET, SUITE B 4232 N.W. 6TH STREET GAINESVILLE, FL 32603

SUITE A & B

GAINESVILLE, FL 32609

**Current Mailing Address:** New Mailing Address:

2356 NW 54TH BLVD 4232 NW 6TH STREET GAINESVILLE, FL 32606 SUITE A & B

GAINESVILLE, FL 32609

FEI Number: 20-1525487 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMPKINS, BARBARA THOMPKINS, BARBARA 2356 NW 53RD BLVD 4232 NW 6TH STREET GAINESVILLE, FL 32653 US SUITE A & B

GAINESVILLE, FL 32609 US

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: BARBARA THOMPKINS 02/11/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: (X) Change ( ) Addition

THOMPKINS, BARBARA THOMPKINS, BARBARA Name: Name: Address: 4232 N.W. 6TH STREET, SUITE B Address: 4232 N.W. 6TH STREET, SUITE A&B

City-St-Zip: GAINESVILLE, FL 32603 City-St-Zip: GAINESVILLE, FL 32609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: BARBARA THOMPKINS 02/11/2006