

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000060828

FILED
Mar 31, 2008
Secretary of State

Entity Name: LIL DOVE CHRISTIAN CHILD CARE, LLC

Current Principal Place of Business:

4232 N.W. 6TH STREET
SUITE A & B
GAINESVILLE, FL 32609

New Principal Place of Business:

4232 N.W. 6TH STREET
SUITE 2A
GAINESVILLE, FL 32609

Current Mailing Address:

4232 NW 6TH STREET
SUITE A & B
GAINESVILLE, FL 32609

New Mailing Address:

4232 NW 6TH STREET
SUITE 2A
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:

THOMPkins, BARBARA
4232 NW 6TH STREET
SUITE A & B
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

THOMPkins, BARBARA
4232 NW 6TH STREET
SUITE 2A
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

03/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMPkins, BARBARA
Address: 4232 N.W. 6TH STREET, SUITE A&B
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMPkins, BARBARA
Address: 4232 N.W. 6TH STREET, SUITE 2A
City-St-Zip: GAINESVILLE, FL 32609

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: BARBARA THOMPkins

MGR

03/31/2008

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