


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000061840 1. Entity Name FISHHAWK EARLY LEARNING CENTER II, LLC					
Principal Place of Business 4004 ASBURY COURT PLANT CITY FL 33566		Mailing Address 4004 ASBURY COURT PLANT CITY FL 33566			
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 20-1623842	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIND, SUSAN 4004 ASBURY COURT PLANT CITY FL 33566			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			1st MOORE CR2E083 (10/05)		
SIGNATURE <u>Susan Rind</u> <small>Signature typed or printed name of registered agent and title, if applicable</small>		<u>owner, President</u> <small>(NOTE: Registered Agent signature required when reconstituting)</small>		<u>2-1-06</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT RIND, SUSAN 4004 ASBURY COURT PLANT CITY FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000416058 02/11/06-80109-013 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT VPS RIND, MICHAEL 4004 ASBURY COURT PLANT CITY FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Susan Rind</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>owner President</u> <small>Date</small>		<u>2-06 8137190</u> <small>Daytime Phone #</small>	

