## **2005 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## **DOCUMENT # L04000075053**

1. Entity Name



**FILED** Aug 09, 2005 8:00 am Secretary of State 08-09-2005 90054 036 \*\*\*\*50.00

CHILDRE	EN'S QUALI	ITY CARE ELC								
Principal Place of Business 2525 HARBOR BLVD SIUTE 204 PORT CHARLOTTE, FL 33952 US			Mailing Address 2525 HARBOR BLVD SIUTE 204 PORT CHARLOTTE, FL 33952 US			R ADER BIDN ABRI DDIR B		H BUIDA OMBU M	HER: III (SE)	
2. Principal P	Place of Business	S	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		07072005	Chg-LLC	CR2E0	83 (10/03)		
City & State			City & State			4. FEI Numb	179322	.3	— <del> </del> -	optied For ot Applicable
Zip	Country		Zip	Country			e of Status Desired	П	\$5.00 Add	ditional
	6. Name an	d Address of Current	Registered Agent			7. Name and	d Address of New	Registered A	gent	
CHIDDEN	'C OLIALITY	Name					•			
	'S QUALITY BOR BLVD 4	CARE	Street Address			(P.O. Box Number is Not Acceptable)				
PORT CH.	ARLOTTE, F	L 33952			City	· · ·			Zip Cod	
					· -			FL	1 '	
the obligat	e named entity su tions of registere	ubmits this statement for d agent.	r the purpose of changing its	registere	ed office or registe	red agent, or bo	th, in the State of Fi	lorida. 1 am f	amiliar with,	and accept
SIGNATURE	Signature, typed or pr	snegs beneziges to eman batins	and tale if applicable. (NOT	E: Registered	d Agent signature require	d when reinstating)		DATE		<del></del>
Fii Duo I	ling Fee is \$ by Septembe	50.00 or 7, 2005						ka check pa la Departme		•
9.		MANAGING MEMBE	LRS/MANAGERS	10.		<u> </u>	ADDITIONS	/CHANGES		
TITLE	MGR	-	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	700110110	TOTALIGES	☐ Change	☐ Addition
NAME	CHILDREN'S QUALITY CARE		NAME							
STREET ADDRESS CITY-ST-ZIP	]	OR BLVD. SUITE 204 RLOTTE, FL 33952	STREET ADDRESS CITY-ST-ZIP		·					
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CITY-ST-ZIP					T ADORESS ST-ZIP					ſ
11. I hereby o	ertify that the inf	ormation supplied with	this filing does not qualify for	****			. 2			
indicatéd limited lial	on this report is bility company o	true and accurate and to the receiver or trustee	that my signature shall have the empowered to execute this i	the same report as	legal effect as if n required by Chap	nade under oath ter 608, Florida \$	i), riorida Statutes. ; that f am a mana; Statutes.	i iurmer certii ging member	y that the in or manager	tormation r of the

AND TYPED OR PRINTED NAME OF EXCHANGE MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date