

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000007856

1. Entity Name
SPECIAL KIDS LAW CENTER, LLC



Principal Place of Business
**2114 N. FLAMINGO ROAD
#176
PEMBROKE PINES, FL 33028 US**

Mailing Address
**2114 N. FLAMINGO ROAD
#176
PEMBROKE PINES, FL 33028 US**



03222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2622585

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAILEY, DENNIS D
3061 N.W. 7TH STREET
SUITE 204
MIAMI, FL 33125**

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

Dennis Bailey

(NOTE: Registered Agent signature required when reinstating)

3/28/08

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**U000000878288
04/14/08-80047-025 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BAILEY, DENNIS D
2114 N. FLAMINGO ROAD, #176
PEMBROKE PINES, FL 33028**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BAILEY, MINERVA V
2114 N. FLAMINGO ROAD, #176
PEMBROKE PINES, FL 33028**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

Minerva Bailey

3/28/08 934-343-7087

Date

Daytime Phone #