

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000023618

**FILED**  
**Apr 21, 2009**  
**Secretary of State**

**Entity Name:** CINDY C'S DAY NURSERY & CHILDCARE L.L.C.

**Current Principal Place of Business:**

9044 CRYSTAL SPRINGS RD  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

9044 CRYSTAL SPRINGS RD  
JACKSONVILLE, FL 32221

**New Mailing Address:**

**FEI Number:** 59-3053400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COLEMAN, CYNTHIA B  
9044 CRYSTAL SPRINGS RD  
JACKSONVILLE, FL 32221 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COLEMAN, CYNTHIA B  
Address: 9048 CRYSTAL SPRINGS RD  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COLEMAN, CYNTHIA B  
Address: 9056 CRYSTAL SPRINGS RD  
City-St-Zip: JACKSONVILLE, FL 32221

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: CYNTHIA B. COLEMAN

OWNE

04/21/2009

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