

2006 LIMITED LIABILITY COMPANIES ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-13-2006 90348 039 ****50.00

DOCUMENT # L05000029041

1. Entity Name
KIDZKANDO LEARNING CENTER LLC



Principal Place of Business
**3031 S.W. 117 AVENUE
MIAMI, FL 33175**

Mailing Address
**3031 S.W. 117 AVENUE
MIAMI, FL 33175**

30003214



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

04-3848180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZORRILLA, JUAN C ESQ.
1401 BRICKELL AVENUE
570
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$80.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DE ARMAS, SYLVIA
3031 S.W. 117 AVENUE
MIAMI, FL 33175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SALAS, CARMEN ROSA
8000 S.W. 122 PLACE #302
MIAMI, FL 33186** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Member
Carmen Rosa Salas
11682 SW 91 Terrace
Miami, Florida 33186** ☒ Change ☐ Addition **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Member
Rafael De Armas
3031 SW 117 Avenue
Miami, Florida 33175** ☐ Change ☒ Addition **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/8/06 (786) 5464383

3/20/06 (786) 5464383



ATTACHMENT

30003214

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2006

KIDZKANDO LEARNING CENTER LLC
3031 S.W. 117 AVENUE
MIAMI, FL 33175

Subject: **KIDZKANDO LEARNING CENTER LLC**

Reference Number: **L05000029041**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM

ANNUAL REPORTS SECTION