

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000034931

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** LOFTON DAY CARE, LLC

**Current Principal Place of Business:**

2801 ST. JOHNS BLUFF ROAD  
SUITE 4  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

7849 JAMES ISLAND WAY  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

P.O. BOX 17833  
JACKSONVILLE, FL 32245

**New Mailing Address:**

**FEI Number:** 20-2717828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCRANIE, CHRISTOPHER  
2801 ST. JOHNS BLUFF ROAD  
SUITE 4  
JACKSONVILLE, FL 32246 US

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

MCCRANIE, CHRISTOPHER  
7849 JAMES ISLAND WAY  
JACKSONVILLE, FL 32256 US

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:

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TREVETT, HARRY R  
Address: 7849 JAMES ISLAND WAY  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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: HARRY R TREVETT

MGR

04/19/2011

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