

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90212 027 ****50.00

DOCUMENT # L05000044373			
1. Entity Name "KARE A LOT" CHRISTIAN PRESCHOOL LLC.			
Principal Place of Business 1500 US 27 NORTH AVON PARK, FL 33825		Mailing Address 2810 CROWN POINTE DRIVE HAINES CITY, FL 33844	
2. Principal Place of Business 1500 US Hwy 27 N.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Avon Park, FL		Zip 33825	
Country USA		4. FEI Number 20-2795096	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Name and Address of Current Registered Agent RICH, GLORIA L 2810 CROWN POINTE DRIVE HAINES CITY, FL, FL 33844		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME RICH, GLORIA L	TITLE MGRM	NAME CARL RICH
STREET ADDRESS 2810 CROWN POINTE DRIVE	CITY-ST-ZIP HAINES CITY, FL 33844	STREET ADDRESS 2810 CROWN POINTE DRIVE	CITY-ST-ZIP HAINES CITY, FL 33844
TITLE MGRM	NAME RICH, CARL M SR.	TITLE MGRM	NAME RICH, CARL M SR.
STREET ADDRESS 2810 CROWN POINTE DRIVE	CITY-ST-ZIP HAINES CITY, FL 33844	STREET ADDRESS 2810 CROWN POINTE DRIVE	CITY-ST-ZIP HAINES CITY, FL 33844
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TITLE MGRM	NAME RICH, CARL M SR.	TITLE MGRM	NAME RICH, CARL M SR.
STREET ADDRESS 2810 CROWN POINTE DRIVE	CITY-ST-ZIP HAINES CITY, FL 33844	STREET ADDRESS 2810 CROWN POINTE DRIVE	CITY-ST-ZIP HAINES CITY, FL 33844
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: _____		27 March 06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
Daytime Phone #		Daytime Phone #	