

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000045906

1. Entity Name

NANA'S PRE SCHOOL & DAYCARE, LLC



Principal Place of Business

1010 S. FEDERAL HWY
HALLANDALE, FL 33009

Mailing Address

1010 S. FEDERAL HWY
HALLANDALE, FL 33009



03252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2810368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMMAR, RAPHAEL
924 93 STREET
SURFSIDE, FL 33154

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IN THIS SPACE**

Raphael

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 reinstating)

DATE

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

000000873233
04/10/08-80070-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VAKNIN, AHARON MANAGER
9 WEST 70TH STREET
NEWYORK, NY 10023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
OIKNINE, MAIMANE MANAGER
646 9TH AVE
NEW YORK, NY 10036

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AMMAR, RAPHAEL
924 93RD STREET
SURFSIDE, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

Date

Daytime Phone #