

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045906

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: NANA'S PRE SCHOOL & DAYCARE, LLC

**Current Principal Place of Business:**

1010 S. FEDERAL HWY  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1010 S. FEDERAL HWY  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 20-2810368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMMAR, RAPHAEL  
924 93 STREET  
SURFSIDE, FL 33154 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: VAKNIN, AHARON MANAGER  
Address: 9 WEST 70TH STREET  
City-St-Zip: NEWYORK, NY 10023

Title: MGR ( ) Delete  
Name: OIKNINE, MAIMANE MANAGER  
Address: 646 9TH AVE  
City-St-Zip: NEW YORK, NY 10036

Title: MGR ( ) Delete  
Name: AMMAR, RAPHAEL  
Address: 924 93RD STREET  
City-St-Zip: SURFSIDE, FL 33154

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAPHAEL AMMAR

MGR

04/14/2009

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