2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L05000083440

Entity Name: RENAISSANCE CHILD CARE, LLC

Current Principal Place of Business:

10220 WEST TERRY STREET
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

10220 WEST TERRY STREET
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-3696656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COHEN, CELESTE
10220 WEST TERRY ST.
BONITA SPRINGS, FL 34135 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: MGRM ( ) Delete
Name: COHEN, CELESTE
Address: 10220 WEST TERRY ST
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR ( ) Delete
Name: RENAISSANCE, LLC,
Address: 10220 WEST TERRY STREET.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: MEJIA, MIRNA
Address: 10220 WEST TERRY STREET.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM ( ) Change (X) Addition
Name: AGUIRRE, VANESSA M
Address: 10220 WEST TERRY ST
City-St-Zip: BONITA SPRINGS, FL 34135

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: CELESTE P. COHEN MGRM 03/17/2009

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