

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000083440

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** RENAISSANCE CHILD CARE, LLC

**Current Principal Place of Business:**

10220 WEST TERRY STREET  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

5237 SUMMERLIN COMMONS BLVD  
SUITE 201  
FORT MYERS, FL 33907

**Current Mailing Address:**

10220 WEST TERRY STREET  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

5237 SUMMERLIN COMMONS BLVD  
SUITE 201  
FORT MYERS, FL 33907

**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:**

COHEN, CELESTE P  
11092 YELLOW POPLAR DR.  
FORT MYERS, FL 33913 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: CELESTE P. COHEN

03/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COHEN, CELESTE P  
Address: 11092 YELLOW POPLAR DR.  
City-St-Zip: FORT MYERS, FL 33913

Title: MGR  
Name: MEJIA, MIRNA  
Address: 11092 YELLOW POPLAR DR.  
City-St-Zip: FORT MYERS, FL 33913

Title: MGR  
Name: AGUIRRE, VANESSA M  
Address: 8760 FAWN RIDGE DR  
City-St-Zip: FORT MYERS, FL 33912

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: CELESTE P. COHEN

MGRM

03/08/2011

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