

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090002

FILED  
Jul 18, 2008  
Secretary of State

**Entity Name:** EMMANUEL DAY CARE AND LEARNING CENTER LLC

**Current Principal Place of Business:**

1329 PEACHTREE ROAD  
DAYTONA BEACH, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

54. SOUTH RIDGEWOOD AVE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HYACINTH, HAZEL  
1329 PEACHTREE ROAD  
DAYTONA BEACH, FL 32119 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOHNSON, HEATHER  
Address: 1140 MADISON AVE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGRM ( ) Delete  
Name: HYACINTH, HAZEL  
Address: 1329 PEACHTREE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32119

**ADDITIONS/CHANGES:**

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: HEATHER JOHNSON

DIRE

07/18/2008

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