

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000092337

FILED
Oct 15, 2009
Secretary of State

Entity Name: ABC CHILDCARE AND LEARNING CENTER, LLC

Current Principal Place of Business:

627 SOUTH 5TH STREET
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

627 SOUTH 5TH STREET
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 76-0796384 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

CRAIG, CONNIE
7063 SOUTHERN STATES NURSERY RD.
MACCLENNY, FL 32063 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: CONNIE CRAIG

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARVEY, BRENDA
Address: 16340 N CR 125
City-St-Zip: GLEN ST. MARY, FL 32063

Title: MGRM () Delete
Name: CRAWFORD, TERRAN
Address: 16340 N CR 125
City-St-Zip: GLEN ST. MARY, FL 32063

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: BRENDA HARVEY

MGRM

10/15/2009

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