

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000006320

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** CALVARY CHRISTIAN PRE-SCHOOL, LLC

**Current Principal Place of Business:**

3190 HYPOLUXO ROAD  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

3190 HYPOLUXO ROAD  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

**FEI Number:** 65-0759873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARSE, GEORGE L  
3190 HYPOLUXO ROAD  
BOYNTON BEACH, FL 33436 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  
**Name:** MARSE, GEORGE L  
**Address:** 4117 FLORAL DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL 33436

**Title:** MGR  
**Name:** MARSE, LORI  
**Address:** 4117 FLORAL DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL 33436

**Title:** MGR  
**Name:** LICEA, ANA  
**Address:** 3660 QUENTIN AVE  
**City-St-Zip:** BOYNTON BEACH, FL 33426

**Title:** MGR  
**Name:** BYMASTER, TIMOTHY  
**Address:** 5826 ITHACA CIRCLE  
**City-St-Zip:** WEST LAKE WORTH, FL 33463

**Title:** MGR  
**Name:** ROSA, STEVE  
**Address:** 17 PEPPERWOOD COURT  
**City-St-Zip:** BOYNTON BEACH, FL 33426

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:** LORI MARSE

MGR

03/24/2010

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