

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014102

FILED
Apr 28, 2009
Secretary of State

Entity Name: BRIGHT BEGINNINGS FAMILY SERVICES, LLC

Current Principal Place of Business:

801 W SR 436
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

181 SUMMIT ASH WAY
APOPKA, FL 32703

New Mailing Address:

FEI Number: 42-1702488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOLEY, R. EDWARD
1450 S.R. 434 WEST
SUITE 200
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

BACCHUS, LESLIE N
801 W SR 436
SUITE 2003
ALTAMONTE SPRINGS, FL 32714 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: LESLIE N. BACCHUS

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLEY, HENRY A
Address: 2 OAK CRESCENT
City-St-Zip: POUGHKEEPSIE, NY 12601 US

Title: MGR () Delete
Name: WILLIAMS, JOHN
Address: 425 WESTFIELD STREET
City-St-Zip: ROCHESTER, NY 14619 US

Title: MGR () Delete
Name: EVIS, BACCHUS
Address: 1319 HAMPSIRE PLACE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGR () Delete
Name: KELLY, JEFF
Address: 164 COLONIAL DRIVE
City-St-Zip: KINGSTON, NY 12401 US

Title: MGR () Delete
Name: BACCHUS, NELSON
Address: 181 SUMMIT ASH WAY
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES:

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

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

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

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: HENRY A. COLEY

MGRM

04/28/2009

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