

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030617

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SUNSHINE EARLY CHILDHOOD CENTER, LLC

**Current Principal Place of Business:**

2120 MEADOW LANE AVENUE  
MELBOURNE, FL 32904

**New Principal Place of Business:**

3117 VASSAR ST.  
MELBOURNE, FL 32901

**Current Mailing Address:**

P O BOX 100433  
PALM BAY, FL 32910

**New Mailing Address:**

P O BOX 100433  
PALM BAY, FL 32910

FEI Number: 20-4559039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMBERT, SHANELLE  
1729 LAS PALMOS DR.  
SW PALM BAY, FL 32908 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: PSTD ( ) Delete  
Name: LAMBERT, SHANELLE  
Address: 1729 LAS PALMOS DR  
City-St-Zip: SW PALM BAY, FL 32908

Title: VPST ( ) Delete  
Name: RAPHAEL, PAMELA  
Address: POB 100433  
City-St-Zip: PALM BAY, FL 32910

Title: D (X) Delete  
Name: RAPHAEL, PAMELA  
Address: POB 100433  
City-St-Zip: PALM BAY, FL 32910

**ADDITIONS/CHANGES:**

Title: PSTD (X) Change ( ) Addition  
Name: LAMBERT, SHANELLE  
Address: P.O. BOX 100433  
City-St-Zip: PALM BAY, FL 32910

Title: VPST (X) Change ( ) Addition  
Name: RAPHAEL, PAMELA E  
Address: P.O. BOX 100433  
City-St-Zip: PALM BAY, FL 32910

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: SHANELLE LAMBERT

OWNE

04/29/2009

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