

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000031517

FILED
Jan 10, 2011
Secretary of State

Entity Name: MONTILLA FAMILY DAY CARE LLC

Current Principal Place of Business:

6446 NW FRENZE ST.
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

5824 NW BATES AVE
PORT ST. LUCIE, FL 34986

Current Mailing Address:

6446 NW FRENZE ST.
PORT ST. LUCIE, FL 34986

New Mailing Address:

5824 NW BATES AVE
PORT ST. LUCIE, FL 34986

FEI Number: 20-4604674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTILLA, AMALIA R
6446 NW FRENZE ST.
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

MONTILLA, AMALIA R
5824 NW BATES AVE
PORT ST. LUCIE, FL 34986 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: AMALIA R MONTILLA

01/10/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MONTILLA, AMALIA R
Address: 5824 NW BATES AVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: AMALIA R MONTILLA

MGR

01/10/2011

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