


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90146 001 *****5.00
04-10-2007 90146 002 *****50.00

DOCUMENT # L06000057955	
1. Entity Name MINI ME HOME DAYCARE LLC	

Principal Place of Business 1902 26TH STREET WEST BRADENTON, FL 34205	Mailing Address 1902 26TH STREET WEST BRADENTON, FL 34205
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2. Principal Place of Business - No P.O. Box # <i>Mini Me Home Day Care</i> Suite, Apt. #, etc. <i>1902 26th st W.</i>	3. Mailing Address Suite, Apt. #, etc.
City & State <i>Bradenton FL</i>	City & State
Zip <i>34205</i>	Country



01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TORRES, MARIA L MRS 1902 26TH STREET WEST BRADENTON, FL 34205	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, MARIA L MRS 1902 26TH STREET WEST BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Maria L. Torres
Maria L. Torres

4.5.07 538-9881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #