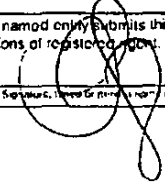
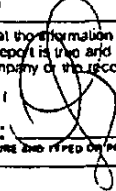


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

6/25/2007-90115-015-\$55.00-\$55.00

6/25/2007-90115-015-\$55.00-\$55.00
SECRETARY
DIVISION

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DOCUMENT # L06000063387																																																																																																																			
1. Entity Name FOUNDATIONS NURSERY & ACADEMY, LLC																																																																																																																			
Principal Place of Business 36233 CLINTON AVENUE DADE CITY FL 33525		Mailing Address 36233 CLINTON AVENUE DADE CITY FL 33525																																																																																																																	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																	
City & State		City & State																																																																																																																	
Zip	Country	Zip	Country																																																																																																																
4. FEI Number 20-2732145		Applied For ☐ Not Applicable																																																																																																																	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required																																																																																																																	
6. Name and Address of Current Registered Agent MCLAUGHLIN, MONIQUE 36233 CLINTON AVENUE DADE CITY FL 33525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																	
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 		DATE 4/17/07																																																																																																																	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																																																																																																			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																																																																																																																	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		DATE: 4/17/07																																																																																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		DATE: 352 567-0175																																																																																																																	