

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000063387

FILED
Jul 20, 2009
Secretary of State

Entity Name: FOUNDATIONS NURSERY & ACADEMY, LLC

Current Principal Place of Business:

36233 CLINTON AVENUE
DADE CITY, FL 33525

New Principal Place of Business:

5024 MISSION SQUARE LANE
ZEPHYRHILLS, FL 33542

Current Mailing Address:

36233 CLINTON AVENUE
DADE CITY, FL 33525

New Mailing Address:

5024 MISSION SQUARE LANE
ZEPHYRHILLS, FL 33542

FEI Number: 20-5181411 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCLAUGHLIN, MONIQUE
36233 CLINTON AVENUE
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

MCLAUGHLIN, MONIQUE
5024 MISSION SQUARE LANE
ZEPHYRHILLS, FL 33542 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: MONIQUE MCLAUGHLIN

07/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCLAUGHLIN, MONIQUE
Address: 5028 MISSION SQUARE LN
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCLAUGHLIN, MONIQUE
Address: 5024 MISSION SQUARE LN
City-St-Zip: ZEPHYRHILLS, FL 33542

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: MONIQUE MCLAUGHIN

MGR

07/20/2009

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