

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90140 016 ****50.00

DOCUMENT # L06000068435																					
1. Entity Name KIDS COMPUTER CLUB, LLC																					
Principal Place of Business 260 RUBY LAKE DRIVE WINTER HAVEN, FL 33884			Mailing Address 260 RUBY LAKE DRIVE WINTER HAVEN, FL 33884																		
2. Principal Place of Business - No P.O. Box # 260 RUBY LAKE LANE Suite, Apt. #, etc.		3. Mailing Address 260 RUBY LAKE LANE Suite, Apt. #, etc.																			
City & State WINTER HAVEN, FL		City & State WINTER HAVEN, FL		4. FEI Number 20-5174610																	
Zip 33884		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																	
6. Name and Address of Current Registered Agent BRINSON, J. KEMP 255 MAGNOLIDA AVE. S.W. WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">GRIFFIN, MELINDA</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">260 RUBY LAKE LANE</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> </tr> <tr> <td colspan="2" style="padding: 2px;">WINTER HAVEN, FL</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code</td> </tr> <tr> <td colspan="2" style="padding: 2px;">33884</td> </tr> </table>			Name		GRIFFIN, MELINDA		Street Address (P.O. Box Number is Not Acceptable)		260 RUBY LAKE LANE		City		WINTER HAVEN, FL		Zip Code		33884	
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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	MGRM GRIFFIN, MELINDA 260 RUBY LAKE DRIVE WINTER HAVEN, FL 33884		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRIFFIN, MELINDA 260 RUBY LAKE LANE WINTER HAVEN, FL 33884																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																	
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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: <i>Melinda Griffin</i>			2-7-07																		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>																		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>																		