

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080760

FILED
Jun 08, 2009
Secretary of State

Entity Name: KIDS AVENUE LEARNING CENTER LLC

Current Principal Place of Business:

121 NORTH PINE HILLS ROAD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 585008
ORLANDO, FL 32858

New Mailing Address:

FEI Number: 20-5397675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

BOONE, TERESA M
121 N. PINE HILLS RD
ORLANDO, FL 32811 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOONE, CLIFTON
Address: 121 NORTH PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32811

Title: MGR () Delete
Name: BOONE, TERESA M
Address: 121 NORTH PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: BOONE, CLIFTON
Address: 121 NORTH PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32811

Title: T () Delete
Name: BOONE, TERESA M
Address: 121 NORTH PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TERESA BOONE

MGR

06/08/2009

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