

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000080760

**FILED**  
**Nov 10, 2010**  
**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: TERESA M. BOONE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

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

I hereby 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: CLIFTON BOONE

MR.

11/10/2010

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