

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2007 8:00 am
Secretary of State

02-26-2007 90309 041 ****50.00

DOCUMENT # L06000103102	
1. Entity Name ARANDA FAMILY DAYCARE HOME LLC	

Principal Place of Business 6443 NW HACIENDA CT. PORT ST. LUCIE FL 34986 US	Mailing Address 6443 NW HACIENDA CT. PORT ST. LUCIE FL 34986 US
---	---

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



1st MOORE CR2E083 (10/06)

4. FEI Number 76-0839897	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ARANDA, GABY 6443 NW HACIENDA CT. PORT ST. LUCIE FL 34986	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 Gaby A. Aranda DATE _____

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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ARANDA, GABY 6443 NW HACIENDA CT. PORT ST. LUCIE FL 34986 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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 Gaby A. Aranda DATE 02/07/07 (772) 785-8527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE