


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 5/ Jun 11, 2008 8:00 am
 Secretary of State

05-07-2008 90019 024 ***138.75

DOCUMENT # L06000116883			
1. Entity Name SUN AND MOON CHILDCARE LLC			
Principal Place of Business 2302 HAYWOOD STREET LAKELAND, FL LAKEL-AND US		Mailing Address 2302 HAYWOOD STREET LAKELAND, FL LAKEL-AND US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 639 East Edgewood Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lakeland	
Zip	Country	Zip	Country
33803	USA	33803	USA
6. Name and Address of Current Registered Agent NGUYEN, JESSICA L 1836 N CRYSTAL LAKE DRIVE LAKELAND, FL 33801		4. FEI Number 05012008 Chg-LLC CR2E083 (12/06)	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		Name Kathleen Nicklaus	
		Street Address (P.O. Box Number is Not Acceptable) 639 East Edgewood Drive	
		City Lakeland, FL Zip Code 33803	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NGUYEN, JESSICA L 1836 N CRYSTAL LAKE DRIVE #17 LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICKLAUS, KATHLEEN A 639 E EDGEWOOD DRIVE LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Kathleen A Nicklaus</u>		Date: <u>3/30/2008</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	