2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L07000041283

Entity Name: REFLECTIONS CHILD DEVELOPMENT CENTER, LLC

Current Principal Place of Business:

309 SOUTH OAKWOOD AVENUE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

309 SOUTH OAKWOOD AVENUE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 26-0179985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, CARRIE L
309 SOUTH OAKWOOD AVENUE
BRANDON, FL 33511 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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MS. ( ) Change (X) Addition
Name: GOMEZ, CARRIE L
Address: 309 SOUTH OAKWOOD AVENUE
City-St-Zip: BRANDON, FL 33511

Title: MS. ( ) Change (X) Addition
Name: FRANKLIN, DONITA L
Address: 4847 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617

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: CARRIE GOMEZ MGRM 04/25/2008

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