

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000082085

**FILED**  
**Jan 02, 2013**  
**Secretary of State**

**Entity Name:** ACADEMIC BEGINNINGS CHILDCARE LLC

**Current Principal Place of Business:**

315 S MAPLE AVE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

315 S MAPLE AVE  
SANFORD, FL 32771 US

**New Mailing Address:**

**FEI Number:** 26-0733612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARNES, KIM S  
602 ANHINGA RD  
WINTER SPRINGS, FL 32708 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:** KIM BARNES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BARNES, KIM S  
**Address:** 602 ANHINGA RD  
**City-St-Zip:** WINTER SPRINGS, FL 32708 US

**Title:** MGRM  
**Name:** BARNES, JERRY N  
**Address:** 602 ANHINGA RD  
**City-St-Zip:** WINTER SPRINGS, FL 32708

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:** KIM BARNES

MGR

01/02/2013

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