

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101409

FILED  
Jul 22, 2008  
Secretary of State

**Entity Name:** GOD'S CREATION CHILDCARE CENTER, LLC

**Current Principal Place of Business:**

2242 E. IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2242 E. IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 74-3230088      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

TAVAREZ, RUBEN  
2198 BIG BIG BUCK DR.  
ST. CLOUD, FL 34772      US

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: MGRM      ( ) Delete  
Name: TAVAREZ, RUBEN  
Address: 2198 BIG BUCK DR.  
City-St-Zip: ST. CLOUD, FL 34772

Title: MGR      ( ) Delete  
Name: TAVAREZ, PRISCILLA  
Address: 2198 BIG BUCK DR.  
City-St-Zip: ST. CLOUD, FL 34772

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RUBEN TAVAREZ

PRES

07/22/2008

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