


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90018 001 ***138.75
09-12-2008 90018 002 *****5.00

DOCUMENT # L07000105096	
1. Entity Name NANNIES 4 GRANNIES, LLC	

Principal Place of Business 2700 W ATLANTIC BLVD SUITE 240 POMPAÑO BEACH FL 33069	Mailing Address 2700 W ATLANTIC BLVD SUITE 240 POMPAÑO BEACH FL 33069
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2nd MOORE CR2E083 (4/08)

2. Principal Place of Business - No P.O. Box # "Same as above" Suite, Apt. #, etc. 2700 W. Atlantic Blvd City & State Suite 240, Pompano Bch, FL Zip 33069 Country USA	3. Mailing Address P.O. Box 666954 Suite, Apt. #, etc. City & State Pompano Bch, FL Zip 33066 Country USA
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4. FEI Number 06-1825193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 (Please delete)	7. Name and Address of New Registered Agent Name Dr. Carine Jules Street Address (P.O. Box Number is Not Acceptable) 2700 W. Atlantic Blvd Suite 240 City Pompano Beach FL Zip Code 33066
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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 Dr. Carine Jules DATE 07/29/08

Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☐

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM President JULES-DESIR, CARINE PO BOX 666954 POMPAÑO BEACH FL 33066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dr. Carine Jules P.O. BOX 666954 Pompano Beach, Florida 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JULES, CARINE P.O. BOX 666954 Pompano Bch, FLORIDA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President CASSANDRA PIERRE P.O. BOX 666954 Pompano Bch, Florida 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT CASSANDRA PIERRE P.O. BOX 666954 Pompano	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Dr. Carine Jules DATE 07/29/08 (804) 267-9007

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