

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L07000110496

1. Entity Name

THE MASTER'S KIDS ACADEMY LLC



Principal Place of Business
712 ANDERSON STREET
MASCOTTE FL 34753

Mailing Address
1211 WINDY MEADOW DRIVE
MINNEOLA FL 34715

FILED

08 SEP 23 PM 10:22



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/08)

4. FEI Number

26-1341793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MODESTE, JANIS M
1211 WINDY MEADOW DRIVE
MINNEOLA FL 34715

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 MGR ☐ Delete
NAME MODESTE, JANIS M
STREET ADDRESS 1211 WINDY MEADOW DRIVE
CITY-ST-ZIP MINNEOLA FL 34715

TITLE MGRM ☐ Change ☒ Addition
NAME Monroe, Gaius
STREET ADDRESS 41 Lake Point Dr. Apt 206
CITY-ST-ZIP Oakland Park, FL 33309

TITLE MGRM ☐ Delete
NAME MODESTE, PHILIP
STREET ADDRESS 1211 WINDY MEADOW DR
CITY-ST-ZIP MINNEOLA FL 34715

TITLE ☐ Change ☐ Addition
NAME 9001362707109
STREET ADDRESS 09/23/08--01048--017 ***138.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

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

Date

Daytime Phone #

Janis Modesto

9/1/08