

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003713

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: MY FIRST PLACE CHILDCARE LLC.

**Current Principal Place of Business:**

1249 S.W. SANTIAGO AVE.  
PORT. ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1249 SW SANTIAGO AVE.  
PORT. ST. LUCIE, FL 34953

**New Mailing Address:**

1249 S.W. SANTIAGO AVE.  
PORT. ST. LUCIE, FL 34953

FEI Number: 26-1736125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIZARRALDE DE FORERO, ARACELLY MRS.  
1249 SW SANTIAGO AVE  
PORT. ST. LUCIE, FL 34953 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: MGR ( ) Delete  
Name: LIZARRALDE DE FORERO, ARACELLY MRS.  
Address: 1249 S. W. SANTIAGO AVE.  
City-St-Zip: PORT. ST. LUCIE, FL 34953

Title: MGRM ( ) Delete  
Name: FORERO, VERONICA MSS.  
Address: 1249 S. W. SANTIAGO AVE.  
City-St-Zip: PORT. ST. LUCIE, FL 34953

**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: ARACELLY LIZARRALDE DE FORERO

MGR

04/21/2009

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