

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000013464

**FILED**  
**Oct 09, 2009**  
**Secretary of State**

**Entity Name:** CREATIVITOWN DAYCARE CENTER LLC

**Current Principal Place of Business:**

396 ALHAMBRA CIRCLE  
SUITE 100  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

2000 FALCON TRACE BLVD  
SUITE 100  
ORLANDO, FL 33134 US

**Current Mailing Address:**

396 ALHAMBRA CIRCLE  
SUITE 100  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

2000 FALCON TRACE BLVD  
SUITE 100  
ORLANDO, FL 32837 US

**FEI Number:** 26-2618135 **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:**

MURAI WALD BIONDO & MORENO, P.A.  
TWO ALHAMBRA PLAZA  
PENTHOUSE 1B  
CORAL GABLES, FL 33134 US

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

LARREA, RUBEN  
2000 FALCON TRACE BLVD  
SUITE 100  
ORLANDO, FL 32837 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: RUBEN LARREA

10/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LARREA, RUBEN  
Address: 396 ALHAMBRA CIRCLE, SUITE 100  
City-St-Zip: CORAL GABLES, FL 33145 US

Title: MGR ( ) Delete  
Name: GOMEZ, JOSE V  
Address: 396 ALHAMBRA CIRCLE, SUITE 100  
City-St-Zip: CORAL GABLES, FL 33145 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LARREA, RUBEN  
Address: 2000 FALCON TRACE BLVD  
City-St-Zip: ORLANDO, FL 3283 US

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 LARREA

VP

10/09/2009

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