

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039965

FILED
Jul 24, 2009
Secretary of State

Entity Name: ALL STARS CHILD CARE OF OCALA, LLC.

Current Principal Place of Business:

2650 NW 2ND STREET
STE 200-300
OCALA, FL 34475

New Principal Place of Business:

2650 NW 2ND STREET
STE 200
OCALA, FL 34475

Current Mailing Address:

2650 NW 2ND STREET
STE 200-300
OCALA, FL 34475

New Mailing Address:

2650 NW 2ND STREET
STE 200
OCALA, FL 34475

FEI Number: 26-2568569 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:

HALFHILL, ALYSIA N
2650 NW 2ND STREET
STE 200-300
OCALA, FL 34475 US

Name and Address of New Registered Agent:

HALFHILL, ALYSIA N
2650 NW 2ND STREET
STE 200
OCALA, FL 34475 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:

07/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HALFILL, WAYNE S III
Address: 13234 SW 29 CIR
City-St-Zip: OCALA, FL 34473

Title: MGR () Delete
Name: HALFILL, ALYSIA N
Address: 13234 SW 29 CIR
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HALFILL, WAYNE S III
Address: 2405 SW 20TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: MGR (X) Change () Addition
Name: HALFILL, ALYSIA N
Address: 2405 SW 20TH TERRACE
City-St-Zip: OCALA, FL 34471

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: ALYSIA N HALFHILL

OWNE

07/24/2009

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