

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044323

FILED
Apr 30, 2009
Secretary of State

Entity Name: LITTLE ANGEL DAYCARE CENTER.LLC

Current Principal Place of Business:

14899 NE 18TH AVE
6J
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

14899 NE 18 AVE
6J
NORTH MIAMI, FL 33181 US

New Mailing Address:

FEI Number: 77-0720454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MULTI MEDIA PROJECTS,INC DBA THEAGENCY
75 NW 167TH STREET
MIAMI, FL 33169 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: P () Delete
Name: JEAN-CLAUDE, DIEULA
Address: 14899 NE 18TH AVE #6J
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: VP () Delete
Name: ST. JUSTE, JUDITH
Address: 14899 NE 18TH AVE #6J
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: VP () Delete
Name: DARIUS, RENETTE
Address: 14899 NE 18TH AVE # 6J
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: TRS () Delete
Name: ENNEUS, GARY
Address: 2510 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: GM () Delete
Name: HERCULE, JOSUE
Address: 925 NE 209TH STREET # 206
City-St-Zip: MIAMI, FL 33179 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: GM () Change (X) Addition
Name: HERCULE, JOSUE
Address: 929NE 209 STREET#206
City-St-Zip: MIAMI, FL 33179 US

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: HERCULE JOSUE

MG

04/30/2009

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