

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052817

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: AUNT D'S I CHILD CARE CENTER LLC.

## Current Principal Place of Business:

1933 N PINE ISLAND RD  
PLANTATION, FL 33322

## New Principal Place of Business:

1827 N PINE ISLAND RD  
PLANTATION, FL 33322

## Current Mailing Address:

1933 N PINE ISLAND RD  
PLANTATION, FL 33322

## New Mailing Address:

1827 N PINE ISLAND RD  
PLANTATION, FL 33322

FEI Number: 26-2697624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRIGOSO, SANDRA M  
1933 N PINE ISLAND RD  
PLANTATION, FL 33322 US

## Name and Address of New Registered Agent:

TRIGOSO, SANDRA M  
1827 N PINE ISLAND RD  
PLANTATION, FL 33322 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: SANDRA TRIGOSO

02/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TRIGOSO, SANDRA M  
Address: 5030 VAN BUREN RD  
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGRM ( ) Delete  
Name: DAYAL, MOHINI  
Address: 19200 S.W. 57TH CT  
City-St-Zip: SOUTH WEST RANCHES, FL 33332

Title: MGRM ( ) Delete  
Name: DAYAL, SARAT  
Address: 19200 S.W. 57TH CT  
City-St-Zip: SOUTH WEST RANCHES, FL 33332

## 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:

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: SANDRA TRIGOSO

MGRM

02/17/2009

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