

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000052817

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

#3901, 1980 SELMARTEN  
AURORA, IL 60505

**New Principal Place of Business:**

#3901, 1980 SELMARTEN  
AURORA, IL 60505 UN

**Current Mailing Address:**

P.O. BOX 267573  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 26-2697624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SARAT, DAYAL  
1827 N PINE ISLAND RD  
PLANTATION, FL 33322 US

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

SARAT, DAYAL  
#3901, 1980 SELMARTEN  
AURORA, FL 60505 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: SD

04/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DAYAL, SARAT  
Address: P.O. BOX 267573  
City-St-Zip: WESTON, FL 33326

I hereby 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: SARAT DAYAL

PRES

04/12/2012

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