

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L08000053295

1. Entity Name
LITTLE WHISPERS LEARNING CENTER, LLC



Principal Place of Business
3785 EAST OLIVE ROAD
PENSACOLA, FL 32514

Mailing Address
8557 UNTREINER AVENUE
PENSACOLA, FL 32534

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05172012

Chg-LLC

CR2E083 (12/11)

4. FEI Number

26-2668825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHASE, JAMES L
101 EAST GOVERNMENT STREET
PENSACOLA, FL 32502

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

\$138.75
FILE NOW!!! FEE IS \$539.75
Due by September 28, 2012

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OWNE
MOYE, PATRINA P
3785 EAST OLIVE ROAD
PENSACOLA, FL 32514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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06/13/12--01005--006 **277.50

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Patrina Moye

6/6/12 patrina.moye@netcom.net

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

E-MAIL ADDRESS

B Tedlock JUN 14 2012

FILED

2012 JUN 12 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

