

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100986

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** LONNIE'S LITTLE PROFESSORS CHILD CARE CENTER LLC

**Current Principal Place of Business:**

905 E PARKER ST  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

905 E PARKER ST  
LAKELAND, FL 33801

**New Mailing Address:**

**FEI Number:** 26-3653162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITFIELD, LONNIE JR  
1305 TIMBERIDGE DR.  
LAKELAND, FL 33809 US

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

WHITFIELD, LONNIE JR  
905 EAST PARKER ST.  
LAKELAND, FL 33801 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: LONNIE WHITFIELD JR.

03/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR.  
Name: WHITFIELD, LONNIE JR  
Address: 905 EAST PARKER ST  
City-St-Zip: LAKELAND, FL 33801

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: LONNIE WHITFIELD JR.

MGR.

03/15/2011

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