

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000110631

Entity Name: CHILD-PASS, LLC

**FILED**  
**May 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

309 MALLARD ROAD  
WESTON, FL 33327 US

**New Principal Place of Business:**

**Current Mailing Address:**

309 MALLARD ROAD  
WESTON, FL 33327 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABELS, BARBARA C  
309 MALLARD ROAD  
WESTON, FL 33327 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: MGRM  
Name: ABELS, BARBARA C  
Address: 309 MALLARD ROAD  
City-St-Zip: WESTON, FL 33327 US

Title: MGRM  
Name: ABELS, IRA H  
Address: 309 MALLARD ROAD  
City-St-Zip: WESTON, FL 33327 US

Title: MGRM  
Name: SICA, NANCY  
Address: 14971 SW 43RD TERRACE  
City-St-Zip: MIAMI, FL 33185 US

Title: MGRM  
Name: SICA, AURELIO  
Address: 14971 SW 43RD TERRACE  
City-St-Zip: MIAMI, FL 33185 US

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: BARBARA ABELS

PRES

05/14/2012

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