

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000116462

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** PONS CHILD CARE AND DEVELOPMENT CENTER THREE, LLC

**Current Principal Place of Business:**

100 JAZZ DRIVE  
B  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15414  
PANAMA CITY, FL 32406 US

**New Mailing Address:**

**FEI Number:** 36-4646008      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GREGORY, APRIL P  
100 B JAZZ DRIVE  
PANAMA CITY, FL 32405 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: GREGORY, APRIL P  
Address: POST BOX 15414  
City-St-Zip: PANAMA CITY, FL 32406 US

Title: MGRM  
Name: JEFFERY, GREGORY D  
Address: POST BOX 15414  
City-St-Zip: PANAMA CITY, FL 32406 US

Title: MGR  
Name: KELLY, PAMELA  
Address: 2624 JENKS AVE  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGR  
Name: MAY, CLARA  
Address: 2626 JENKS AVE  
City-St-Zip: PANAMA CITY, FL 32405 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: APRIL P. GREGORY

MGRM

01/21/2010

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