

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046397

**Entity Name:** REGIONAL DAYCARE, LLC

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1701 HERMITAGE BLVD., SUITE 202  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

2057 CHATSWORTH WAY  
TALLAHASSEE, FL 32300

**Current Mailing Address:**

1701 HERMITAGE BLVD., SUITE 202  
TALLAHASSEE, FL 32308

**New Mailing Address:**

2057 CHATSWORTH WAY  
TALLAHASSEE, FL 32309

**FEI Number:** 27-0150788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANAUSA, DANIEL E  
3520 THOMASVILLE ROAD, FOURTH FLOOR  
TALLAHASSEE, FL 32309 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: BEHRMAN, DOUGLAS  
Address: 2057 CHATSWORTH WAY  
City-St-Zip: TALLAHASSEE, FL 32309

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: DOUGLAS N. BEHRMAN

MM

04/08/2010

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