

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000077412

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** BEST 4 MY KID LLC

**Current Principal Place of Business:**

3326 ROBERT TRENT JONES DR.  
304  
ORLANDO, FL 32835

**New Principal Place of Business:**

2868 MONTICELLO PLACE  
206  
ORLANDO, FL 32835

**Current Mailing Address:**

3326 ROBERT TRENT JONES DR.  
304  
ORLANDO, FL 32835

**New Mailing Address:**

2868 MONTICELLO PLACE  
206  
ORLANDO, FL 32835

**FEI Number:** 27-0718350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUNSFORD, CHAD S  
3326 ROBER TRENT JONES DR.  
304  
ORLANDO, FL 32835 US

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

LUNSFORD, CHAD S  
2868 MONTICELLO PLACE  
206  
ORLANDO, FL 32835 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:

03/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LUNSFORD, CHAD S  
Address: 3326 ROBERT TRENT JONES DRIVE #304  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM  
Name: PASCHALL, ROBERT T  
Address: 5124 LEEDS RD  
City-St-Zip: FORT MYERS, FL 33907

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: CHAD LUNSFORD

MGRM

03/30/2010

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