

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000101210

FILED  
Feb 08, 2010  
Secretary of State

**Entity Name:** KIDS KASTLE CHILD CARE CENTER LLC

**Current Principal Place of Business:**

2229 CARVER AVE  
FT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

2229 CARVER AVE  
FT MYERS, FL 33916

**New Mailing Address:**

FEI Number: 27-1153653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPBELL, GLORIA J  
2229 CARVER AVE  
FT MYERS, FL 33916 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: MGR  
Name: POPE, IRISTINE E  
Address: 2229 CARVER AVE  
City-St-Zip: FT MYERS, FL 33916

Title: DIR  
Name: CAMPBELL, GLORIA J  
Address: 2229 CARVER AVE  
City-St-Zip: FORT MYERS, FL 33916 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: IRISTINE POPE

MGR

02/08/2010

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