

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000023903

**FILED**  
**Oct 14, 2011**  
**Secretary of State**

**Entity Name:** MAGIK ADULT DAYCARE CENTER LLC

**Current Principal Place of Business:**

4830 N.W. 167TH ST.  
MIAMI, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

4830 N.W. 167TH ST.  
MIAMI, FL 33014

**New Mailing Address:**

**FEI Number:** 27-3325139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANTZ, SARAH  
18000 NW 2ND CT  
MIAMI, FL 33169 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: LANTZ, SARAH  
Address: 18000 NW 2ND CT  
City-St-Zip: MIAMI, FL 33169

Title: MGRM  
Name: SANCHEZ, JESUS  
Address: 4830 N.W. 167TH ST.  
City-St-Zip: MIAMI, FL 33014

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: JESUS SANCHEZ

MGRM

10/14/2011

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