

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000038882

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** PRESCHOOL CORNER ACADEMY AND CHILD CARE, L.L.C.

**Current Principal Place of Business:**

560 WEST 39TH PLACE  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

560 WEST 39TH PLACE  
HIALEAH, FL 33012 US

**New Mailing Address:**

**FEI Number:** 27-2339636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YBARRA, JORGE  
560 WEST 39TH PLACE  
HIALEAH, FL 33012 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:** DEL VALLE, DULCE M  
**Address:** 560 WEST 39TH PLACE  
**City-St-Zip:** HIALEAH, FL 33012 US

**Title:** MGRM  
**Name:** DEL VALLE, OSWALDO  
**Address:** 12726 SW 66TH TERR. DR.  
**City-St-Zip:** MIAMI, FL 33183 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:** DULCE M DEL VALLE

MS.

04/30/2011

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