

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000069533

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** "KIDS CORNER CHILD CARE", "LLC"

**Current Principal Place of Business:**

9901 S US HWY 441  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

5350 C.R. 125  
WILDWOOD, FL 34785

**New Mailing Address:**

**FEI Number:** 27-2968099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONACCORSO, JOSEPH J  
5350 C.R. 125  
WILDWOOD, FL 34785 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:** BONACCORSO, CHARLENE  
**Address:** 5350 C.R. 125  
**City-St-Zip:** WILDWOOD, FL 34785

**Title:** MGR  
**Name:** BONACCORSO, JOSEPH E J  
**Address:** 5350 C.R. 125  
**City-St-Zip:** WILDWOOD, FL 34785

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:** CHARLENE BONACCORSO

MGRM

03/02/2012

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