

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000074089

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

**Entity Name:** LAKE PANASOFFKEE DAYCARE, LLC

**Current Principal Place of Business:**

1016 COUNTY ROAD 416 NORTH  
LAKE PANASOFFKEE, FL 33538

**New Principal Place of Business:**

1016 COUNTY ROAD 416 NORTH  
LAKE PANASOFFKEE, FL 33538 US

**Current Mailing Address:**

1016 COUNTY ROAD 416 NORTH  
LAKE PANASOFFKEE, FL 33538

**New Mailing Address:**

1016 COUNTY ROAD 416 NORTH  
LAKE PANASOFFKEE, FL 33538 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONTGOMERY, S.E. JR  
1016 COUNTY ROAD 416 NORTH  
LAKE PANASOFFKEE, FL 33538 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: MONTGOMERY, S.E. JR  
Address: 1016 COUNTY ROAD 416 NORTH  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

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: S.E. MONTGOMERY, JR.

MR.

07/14/2011

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