

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000090388

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** JUST LIKE ANGELS CHILD CARE CENTER, LLC

**Current Principal Place of Business:**

1318 BLOSSOM CIRCLE  
TALLAHASSEE, FL 32305 US

**New Principal Place of Business:**

**Current Mailing Address:**

1318 BLOSSOM CIRCLE  
TALLAHASSEE, FL 32305 US

**New Mailing Address:**

**FEI Number:** 27-3556050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, JAVASHEA J  
1318 BLOSSOM CIRCLE  
TALLAHASSEE, FL 32305 US

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

JOHNSON, JANNA P  
1318 BLOSSOM CIRCLE  
TALLAHASSEE, FL 32305 US

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:** JANNA JOHNSON

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JOHNSON, JAVASHEA J  
**Address:** 1318 BLOSSOM CIRCLE  
**City-St-Zip:** TALLAHASSEE, FL 32305 US

**Title:** MGRM  
**Name:** JOHNSON, JANNA P  
**Address:** 1318 BLOSSOM CIRCLE  
**City-St-Zip:** TALLAHASSEE, FL 32305 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:** JANNA JOHNSON

MGRM

04/29/2011

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