

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000095816

**FILED**  
**Dec 08, 2011**  
**Secretary of State**

**Entity Name:** ALPHA BRIGHT CHILDREN LEARNING CENTER, LLC

**Current Principal Place of Business:**

438 N. WABASH AVENUE  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

438 N. WABASH AVENUE  
LAKELAND, FL 33815

**New Mailing Address:**

PO BOX 1654  
LAKELAND, FL 33802

**FEI Number:** 27-3264096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOVETT, SHERYL L  
725 E. PONDEROSA DRIVE  
LAKELAND, FL 33810 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: SHERYL L LOVETT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LOVETT, SHERYL L  
Address: 725 E. PONDEROSA DRIVE  
City-St-Zip: LAKELAND, FL 33810

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: SHERYL LOVETT

MGRM

12/08/2011

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