

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000069389

**FILED**  
**Dec 04, 2013**  
**Secretary of State**

**Entity Name:** MAYS-LAWSON CHILDCARE SERVICES, LLC

**Current Principal Place of Business:**

4515 NORTH S.R. 7  
LAUDERDALE,, FL 33319

**New Principal Place of Business:**

4515 NORTH S.R. 7  
LAUDERDALE,, FL 33319 UN

**Current Mailing Address:**

4515 NORTH S.R. 7  
LAUDERDALE,, FL 33319

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

LAWSON, ROSA J  
4515 NORTH S.R. 7  
LAUDERDALE,, FL 33319 US

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

MORE SERVICES CERTIFIED ACCOUNTING  
4987 N UNIVERSITY DR SUITE 19  
LAUDERHILL, FL 33351 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: DEXTON LINDSAY

12/04/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LAWSON, ROSA J  
Address: 4515 S.R. 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: MGRM  
Name: LAWSON, GENE  
Address: 4515 S.R. 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: MGRM  
Name: LAWSON, ROBERT  
Address: 4515 S.R. 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: ROSA LAWSON

MGRM

12/04/2013

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