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COVER LETTER

	Registration Sec Division of Corp					
SUBJEC		FAMILY DAY CARE LLC				
SOBJEC	Name of Limited Liability Company					
		Amendment and fee(s) are sub	_			
Please re	turn all correspoi	ndence concerning this matter	to the following:			
		YVONETTE PARFAIT				
	Name of Person					
	STARS PROFESSIONAL MULTI SERVICES LLC				•	
	Firm/Company					
	2025 N DIXIE HWY Ste B					
	Address					
	POMPANO BEACH, FL 33060				16	SEC
	City/State and Zip Code				16 NOV -7	AH
	STARSPROFESSIONAL@GMAIL.COM E-mail address: (to be used for future annual report notification)				1	ARY ASSE
For furthe	er information co	e-mail address: (•	ication)	2	ee, fu
YVONETTE OR EVENS			954 696-3991 at ()		Į.	AGINO AGINO
	Name of	Person		: Telephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of Standard Certified Copy (additional copy is e	atus &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Merisier, Jean	295 NW 107th St , Miami, FL 3316	
			Remove
			•
			☐ Change
Manager	CLAIRE M MERISIER	295 NW 107th, Miami, FL 33168	Add
			□ Remove
			Change
			SEGRETA SALLAHAS
			ASSEE FL
			PH Liange Of Inc.
			- 00
			Add
			☐ Remove
	,		☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change