FILE NOW: [redacted]

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1997 MAY 14 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 203.75	Annual Report $100.00 + $103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000000967

SUNSHINE CHILDCARE L.C.
1634 MAIN STREET
SARASOTA FL 34236

If above mailing address is incorrect in any way, **line through incorrect information** and enter correction in Block 2a.

1a. Principal Place of Business Address

1634 MAIN STREET
SARASOTA FL 34236

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 09/12/1996

3a. State of Formation: FL

4. FEI Number: 65-0641629 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
FAMIGLIO, GEORGE V JR 1634 MAIN STREET SARASOTA FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

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*****203.75 *****203.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	M. OLVIA CORP.,	POST OFFICE BOX 3319	SARASOTA FL
MEM	MOBY LP,	POST OFFICE BOX 3319	SARASOTA FL

TSP 5/20/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Mark P. Famiglio 4-29-97 941-957-0775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R(12-96)