

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90029 026 ****50.00

DOCUMENT # L99000007808

1. Entity Name

DISCOUNT PRESCHOOL, LLC



Principal Place of Business

17830 CASTLE HARBOR DRIVE
FORT MYERS FL 33967

Mailing Address

17830 CASTLE HARBOR DRIVE
FORT MYERS FL 33967

2. Principal Place of Business - No P.O. Box #

10060 Amberwood Road

Suite, Apt. #, etc.

Suite 1

3. Mailing Address

10060 Amberwood Road

Suite, Apt. #, etc.

Suite 1

City & State

Fort Myers FL

City & State

Fort Myers FL

Zip

33913

Country

USA

Zip

33913

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

59-3620734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCABE, BILLIE
17830 CASTLE HARBOR DRIVE
FORT MYERS FL 33967

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WHITEHOUSE, MARIANNE
17830 CASTLE HARBOR DRIVE
FORT MYERS FL 33967 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MCCABE, BILLIE
17830 CASTLE HARBOR DRIVE
FORT MYERS FL 33967 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:

Marianne Whitehouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-25-07 239-437-6273