

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90517 029 ***150.00

DOCUMENT # PD1000049579
1. Entity Name
Little TOTS Child Development Center IN

50045372

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2925 DUFF RD. Suite, Apt. #, etc.		3. Mailing Address 2925 DUFF RD Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33810	Country USA	Zip 33810	Country USA
4. FEI Number 593715221		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name Delores GERVIN	
Street Address (P.O. Box Number is Not Acceptable) 1315 B Scott St.	
City Tampa FL	Zip Code 33605

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
	President "MGR"		
	Marsha D. Hassell		
	7710 Canterbury Cir		
	Lakeland FL 33810		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
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11. I 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 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.

Marsha J. Hassell / Marsha D. Hassell

4/28/05

863-815-0677

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

Date

Daytime Phone #

CR2E083B (12/01)