



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2007

703 0000 40 404

LIL' L ANGELS FAMILY DAYCARE, INC.
3488 DEPEW AVE.
PORT CHARLOTTE, FL 33952

SUBJECT: LI'L ANGELS FAMILY DAYCARE, INC.
Ref. Number: P03000040404

000112124790

Debit Memo #: 81551-D

This is to inform you that your check #1813 dated August 20, 2007 in the amount of \$43.75 and submitted for LI'L ANGELS FAMILY DAYCARE, INC. has been returned to us by your bank because of NONSUFFICIENT FUNDS.

We request that you remit a cashier's check or money order in amount of \$58.75 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call
(850) 245-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 307A00058297



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2007

LIL'L ANGELS FAMILY DAYCARE, INC.
3488 DEPEW AVE.
PORT CHARLOTTE, FL 33952

SUBJECT: LI'L ANGELS FAMILY DAYCARE, INC.
Ref. Number: P03000040404

Debit Memo #: 81551-D

Due to your failure to respond to our previous letter advising you of the attached returned check #1813, the Amendment for LI'L ANGELS FAMILY DAYCARE, INC. has been cancelled and is considered not filed as of November 9, 2007.

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter Number: 007A00065307