

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055033

Entity Name: CHILDREN'S NETWORK OF SOUTHWEST FLORIDA, L.L.C.**Current Principal Place of Business:**2232 ALTAMONT AVENUE
FT. MYERS, FL 33901**Current Mailing Address:**2232 ALTAMONT AVENUE
FT. MYERS, FL 33901**FEI Number: 20-4968228****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ARIAS, VICTOR
Address 3013 DEL PRADO SUITE #2
City-State-Zip: CAPE CORAL FL 33904

Title MGR
Name MORRISSETTE, PAUL
Address 18701 SAN CARLOS BLVD
City-State-Zip: FORT MYERS BEACH FL 33931

Title CEO
Name SALIM, NADEREH
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901

Title MANAGER
Name APPELBAUM, STAN
Address 3622 WOODLAKE DR SW
City-State-Zip: BONITA SPRINGS FL 34134

Title MGR
Name BUSBEE, BETTY
Address 5901 BRIARCLIFF RD
City-State-Zip: FORT MYERS FL 33912

Title MGR
Name RITROSKY JR, JOHN DR
Address 917 SNOWBERRY LANE
City-State-Zip: SANIBEL FL 33956

Title TREASURER
Name ANDREWS, DENNIS
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901

Title MANAGER
Name DAVIS, TODD
Address 7474 UTILITIES RD
City-State-Zip: PUNTA GORDA FL 33982

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS ANDREWS**TREASURER****05/07/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name DEFFENBAUGH, STACEY
Address 3719 CENTRAL AVE
City-State-Zip: FT MYERS FL 33901

Title MANAGER
Name WASHINGTON, PAT DR.
Address 6855 PENTLAND WAY
 22
City-State-Zip: FT MYERS FL 33966

Title MANAGER
Name FAY, DERIK
Address 7359 HERITAGE PALMS ESTATE DR
City-State-Zip: FT MYERS FL 33966