2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2015
Secretary of State
CC7533927184

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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 04/03/2015

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 FORTIN, SANNESTINE
Address 3049 CLEVELAND 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