

2023 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 CEO
Name SALIM, NADEREH
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901

Title MANAGER
Name HECK JR, JOHN
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901

Title MANAGER
Name MASONICK, GREGORY
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901

Title MANAGER
Name TAEB MD, PARISIMA
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901

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

Title MANAGER
Name FORTIN, SANNESTINE
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901

Title MANAGER
Name SAMERDYKE, PAUL
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901

Title MANAGER
Name HAYWOOD, ARCHIE ESQ.
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901

Continues on page 2

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

CFO

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name NELSON, GARY
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901

Title MANAGER
Name BRUMFIELD, SALLY
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901

Title MANAGER
Name NATHAN, KAREN PHD
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901

Title MANAGER
Name ZELL, BARRY
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901

Title MANAGER
Name KASH, IRWIN DR.
Address 2232 ALTAMONT AVENUE
City-State-Zip: FT. MYERS FL 33901