2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2024
Secretary of State
3311730254CC

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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: No

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	HAYWOOD, ARCHIE ESQ.
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	NELSON, GARY
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 TREASURER 04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

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

Title	SECRETARY
Name	CONNOLLY, ESQ, MARK
Address	2232 ALTAMONT AVENUE
City-State-Zip:	FT. MYERS FL 33901