

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000126210

**Entity Name:** THEFALLSPRESCHOOL,LLC

**Current Principal Place of Business:**

99 SW 7 STREET  
UNIT B  
MIAMI, FL 33130

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC1607320188**

**Current Mailing Address:**

600 SW 1ST AVENUE  
MIAMI, FL 33130 US

**FEI Number: 27-4581925**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KLA HEADQUARTERS  
600 SW 1ST AVENUE  
MIAMI, FL 33130 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: ROBERTO ORTEGA**

**04/22/2015**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	FINANCIAL MANAGER
Name	ROBERTO X. ORTEGA	Name	GRIMES, DANA
Address	600 SW 1ST AVENUE	Address	600 SW 1ST AVE
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

*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: ROBERTO ORTEGA**

**MGR**

**04/22/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date