

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000038780

**Entity Name:** TENDER LOVING CARE LEARNING CENTER, LLC

**Current Principal Place of Business:**

12400 YELLOW BLUFF RD.  
204  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

12400 YELLOW BLUFF RD.  
204  
JACKSONVILLE, FL 32226

**FEI Number:** 45-1640783

**Certificate of Status Desired:** No

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

LEACHMAN, J'NAI M  
12400 YELLOW BLUFF ROAD  
SUITE 204  
JACKSONVILLE, FL 32226 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:** J'NAI M. LEACHMAN

03/28/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEACHMAN, J'NAI M  
Address 12400 YELLOW BLUFF ROAD  
SUITE 204  
City-State-Zip: JACKSONVILLE FL 32226

*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:** J'NAI M. LEACHMAN

MANAGING MEMBER

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date