

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000110571

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC9634982604**

**Entity Name:** LITTLE FOOTPRINTS CHILDCARE AND LEARNING CENTER, LLC.

**Current Principal Place of Business:**

27860 SOUTH DIXIE HIGHWAY  
LEISURE CITY, FL 33033

**Current Mailing Address:**

154 SW 16 TERRACE  
HOMESTEAD, FL 33030 US

**FEI Number: 46-3361020**

**Certificate of Status Desired: No**

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

DAVIS, MARLON B  
154 SW 16 TERRACE  
HOMESTEAD, FL 33030 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 MGRM  
Name DAVIS, BARBARA E  
Address 154 SW 16 TERRACE  
City-State-Zip: HOMESTEAD FL 33030

Title MGRM  
Name DAVIS, GEORGE B  
Address 154 SW 16 TERRACE  
City-State-Zip: HOMESTEAD FL 33030

Title MGRM  
Name DAVIS, MARLON B  
Address 154 SW 16 TERRACE  
City-State-Zip: HOMESTEAD FL 33030

Title MGRM  
Name GREY, MICHAEL E JR.  
Address 154 SW 16 TERRACE  
City-State-Zip: HOMESTEAD FL 33030

*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: MARLON DAVIS

REGISTERED AGENT

04/22/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date