**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 20, 2015**
**Secretary of State**
**CC1953094396**

DOCUMENT# L14000115775

**Entity Name:** TOSCANA ISLE DAY CARE CENTER LLC

**Current Principal Place of Business:**

3301 N.E. 183RD ST. UNIT 1004
AVENTURA, FL 33160

**Current Mailing Address:**

3301 N.E. 183RD ST. UNIT 1004
AVENTURA, FL 33160

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

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

CORPORATE MAINTENANCE SERVICES, LLC
1000 BRICEKLL AVE. SUITE 400
MIAMI, FL 33131 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 | MGR |
| Name | SANDOVAL, JACQUES |
| Address | 3301 N.E. 183RD ST. UNIT 1004 |
| City-State-Zip: | AVENTURA FL 33160 |

*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: SANDOVAL, JACQUES MGR 02/20/2015

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