

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000063239

**Entity Name:** NELLY'S SUNSHINE BILINGUAL DAYCARE LLC

**Current Principal Place of Business:**

4609 WALLACE RD  
PLANT CITY, FL 33567

**Current Mailing Address:**

4609 WALLACE RD  
PLANT CITY, FL 33567 US

**FEI Number:** 88-0738983

**Certificate of Status Desired:** No

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

MOSELEY, CHEYENNE  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO, FL 32822 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:** CHEYENNE MOSELEY

02/24/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	CARO OCHOA, MARILIS R	Name	RODRIGUEZ, OSVALDO
Address	4609 WALLACE RD	Address	4609 WALLACE RD
City-State-Zip:	PLANT CITY FL 33567	City-State-Zip:	PLANT CITY FL 33567

*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:** MARILIS CARO OCHOA

AMBR

02/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date