## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056063

Entity Name: A+ PERSONALIZED INSTRUCTION LLC

**FILED** Aug 03, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

23 WILLIAMS ST 5811 ATLANTIC BLVD ST AUGUSTINE, FL 32084

#141

JACKSONVILLE, FL 32207

**Current Mailing Address: New Mailing Address:** 

5811 ATLANTIC BLVD. #141 5811 ATLANTIC BLVD

JACKSONVILLE, FL 32207 #141

JACKSONVILLE, FL 32207

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WILLIAMS, COURTNEY WILLIAMS, COURTNEY 23 WILLIAMS ST 5811 ATLANTIC BLVD. US

ST AUGUSTINE, FL 32084 JACKSONVILLE, FL 32207 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: COURTNEY WILLIAMS 08/03/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: (X) Change ( ) Addition WILLIAMS, COURTNEY WILLIAMS, COURTNEY Name: Name:

Address: 23 WILLIAMS ST Address: 5811 ATLANTIC BLVD #141 City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: COURTNEY WILLIAMS 08/03/2009