

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056063

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** A+ PERSONALIZED INSTRUCTION LLC

**Current Principal Place of Business:**

5811 ATLANTIC BLVD  
#99  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

23 WILLIAMS ST.  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

5811 ATLANTIC BLVD  
#99  
JACKSONVILLE, FL 32207

**New Mailing Address:**

23 WILLIAMS ST.  
ST. AUGUSTINE, FL 32084

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

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

WILLIAMS, COURTNEY  
5811 ATLANTIC BLVD.  
99  
JACKSONVILLE, FL 32207 US

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

WILLIAMS, COURTNEY  
23 WILLIAMS ST.  
ST. AUGUSTINE, FL 32084 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

02/08/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WILLIAMS, COURTNEY  
Address: 23 WILLIAM ST.  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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

MS.

02/08/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date