

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007191

FILED  
Apr 13, 2010  
Secretary of State

Entity Name: CUTSTONE LEARNING LLC

**Current Principal Place of Business:**

405 S. DALE MABRY HWY.  
SUITE 379  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

405 S. DALE MABRY HWY.  
SUITE 379  
TAMPA, FL 33609 US

**New Mailing Address:**

FEI Number: 20-8272636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MIGNARDI, SHARON C  
4741 LONDALE CIRCLE  
ORLANDO, FL 32817 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KOPCZYNSKI, MEDARD K  
Address: 10151 UNIVERSITY BLVD. #195  
City-St-Zip: ORLANDO, FL 32817

Title: MGRM  
Name: ARNOLD, DAVID G  
Address: 408 GAMBIT CIRCLE  
City-St-Zip: WAKE FOREST, NC 27587

Title: MGRM  
Name: MIGNARDI, SHARON C  
Address: 10151 UNIVERSITY BLVD., #195  
City-St-Zip: ORLANDO, FL 32817

Title: MGRM  
Name: MAY, RONALD S  
Address: 4207 S. DALE MABRY HWY. #5305  
City-St-Zip: TAMPA, FL 33611

Title: MGRM  
Name: GALVANEK, CHRISTOPHER L  
Address: 1115 ARCHERS BEND  
City-St-Zip: SAFETY HARBOR, FL 34695

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: DAVID G. ARNOLD

MGRM

04/13/2010

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