

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007191

FILED
Mar 01, 2011
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 ARNOLD

MGRM

03/01/2011

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