

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055754

FILED
Apr 13, 2009
Secretary of State

Entity Name: ACORN TEACHING SOLUTIONS LLC

Current Principal Place of Business:

211 HERRELL RD
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

211 HERRELL RD
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 26-0304693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, SUSAN
211 HERRELL RD
WINTER SPRINGS, FL 32708 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: MGR () Delete
Name: ELLIOTT, SUSAN
Address: 211 HERRELL RD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: BESSIRE, TRACY
Address: 26 INTERLAKEN RD
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: BYRNE, KATHERINE
Address: 1389 CHATFIELD PLACE
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATHERINE H BYRNE MGR 04/13/2009

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