

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000023816

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** NP & EDUCATIONAL CONSULTANTS, LLC

**Current Principal Place of Business:**

5700 NW 2ND AVENUE  
611  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

5700 NW 2ND AVENUE  
611  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 27-2024706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

METIKOS, NEVENKA  
5700 NW 2ND AVENUE  
611  
BOCA RATON, FL 33487 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: METIKOS, DRAGINJA  
Address: 5700 NW 2ND AVENUE  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM  
Name: BANKOVIC, GROZDANA  
Address: 5700 NW 2ND AVENUE #611  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM  
Name: METIKOS, NEVENKA  
Address: 5700 NW 2ND AVENUE  
City-St-Zip: BOCA RATON, FL 33487

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: NEVENKA METIKOS

MGRM

04/06/2011

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