

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000007191

**Entity Name:** CUTSTONE LEARNING LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 20-8272636

**Certificate of Status Desired:** No

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

MIGNARDI, SHARON C  
4741 LONDALE CIRCLE  
ORLANDO, FL 32817 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

Date

**Authorized Person(s) Detail :**

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

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

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

Title MGRM  
Name MAY, RONALD S  
Address 53 SANFORD ST.  
City-State-Zip: ST. AUGUSTINE FL 32084

Title MGRM  
Name GALVANEK, CHRISTOPHER L  
Address PO BOX 2428 - PMB 23573  
City-State-Zip: PENSACOLA FL 32513

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID ARNOLD

**MANAGER/MEMBER**

**03/27/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date