

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107789

Entity Name: MAVERICKS IN EDUCATION FLORIDA, LLC**Current Principal Place of Business:**301 SOUTHERN BOULEVARD
WEST PALM BEACH, FL 33405**Current Mailing Address:**301 SOUTHERN BOULEVARD
WEST PALM BEACH, FL 33405 US**FEI Number:** 26-1288385**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARNETT, CHARLES D
301 SOUTHERN BOULEVARD
WEST PALM BEACH, FL 33405 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	MGR
Name	HOLLANDER, LAUREN R
Address	5090 PGA BOULEVARD, SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	P
Name	BIDEN, FRANK W
Address	301 SOUTHERN BOULEVARD
City-State-Zip:	WEST PALM BEACH FL 33405

Title	MGR
Name	NEXT GENERATION IN EDUCATION, LLC.
Address	5090 PGA BOULEVARD, SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	S
Name	BARNETT, CHARLES D
Address	8412 NATIVE DANCER ROAD
City-State-Zip:	PALM BEACH GARDENS FL 34772

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: LAUREN HOLLANDER**MANAGER****01/24/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date