2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 11, 2014
Secretary of State
CC6015723262

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Entity Name: ADVANCED LEARNING EARLY CHILDHOOD PROGRAMS, LLC

Current Principal Place of Business:

1012 DONALD RD.
NORTH FORT MYERS, FL 33917

Current Mailing Address:

1012 DONALD RD.
NORTH FORT MYERS, FL 33917 US

FEI Number: 27-0659272

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTELLI, HOPE E
1012 DONALD RD.
NORTH FORT MYERS, FL 33917 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	AUTHORIZED MEMBER	Title	MGRM
Name	CASTELLI, HEATHER	Name	CASTELLI, HOPE
Address	1012 DONALD RD.	Address	1012 DONALD RD.
City-State-Zip:	NORTH FORT MYERS FL 33917	City-State-Zip:	NORTH FORT MYERS FL 33917
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	DEMING, GARY	Name	CASTELLI, JESSE
Address	1012 DONALD RD.	Address	1012 DONALD RD.
City-State-Zip:	NORTH FORT MYERS FL 33917	City-State-Zip:	NORTH FORT MYERS FL 33917

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOPE CASTELLI MANAGING MEMBER 08/11/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date