

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000054083

**Entity Name:** PRE-K SOLUTIONS LLC

**Current Principal Place of Business:**

54 S MARTIN ST.  
BONIFAY, FL 32425

**Current Mailing Address:**

54 S MARTIN ST.  
BONIFAY, FL 32425 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NEWPOINT EDUCATION PARTNERS  
54 S. ST. MARTIN  
BONIFAY, FL 32425 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 NEWPOINT EDUCATION PARTNERS  
Address 54 S MARTIN ST.  
City-State-Zip: BONIFAY FL 32425

*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:** NEWPOINT EDUCATION PARTNERS

MGR

02/23/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date