

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000152781

**Entity Name:** LITERACY TRANSFORMATIONS, LLC

**Current Principal Place of Business:**

8421 LANGSHIRE WAY  
FORT MYERS, FL 33912

**Current Mailing Address:**

8421 LANGSHIRE WAY  
FORT MYERS, FL 33912 UN

**FEI Number:** 92-3384556

**Certificate of Status Desired:** No

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

STASKOWSKI, MAUREEN  
8421 LANGSHIRE WAY  
FORT MYERS, FL 33912 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  
Name            STASKOWSKI, MAUREEN  
Address        8421 LANGSHIRE WAY  
City-State-Zip: FORT MYERS 33912

*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:** MAUREEN STASKOWSKI

**AUTHORIZED MEMBER**

**04/02/2024**

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

\_\_\_\_\_  
Date