

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90081 029 ****50.00

DOCUMENT # L01000007230

1. Entity Name
NEW HORIZONS INTERNATIONAL (USA), LLC



Principal Place of Business
**4504 ALAQUA TRAIL
KISSIMMEE, FL 34746**

Mailing Address
**4504 ALAQUA TRAIL
KISSIMMEE, FL 34746**

2. Principal Place of Business
3263 S. John Young Pkwy.

3. Mailing Address
3263 S. John Young Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



04282004 Chg-LLC CR2E083 (10/03)

City & State
Kissimmee, FL

City & State
Kissimmee, FL

4. FEI Number
59-3737149

Applied For
Not Applicable

Zip
34746

Country
USA

Zip
34746

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LACEY-FREEMAN, DEAN
4504 ALAQUA TRAIL
KISSIMMEE, FL 34746**

7. Name and Address of New Registered Agent

Name
Terence A. Lacey-Freeman

Street Address (P.O. Box Number is Not Acceptable)

3263 S. John Young Parkway

City
Kissimmee FL 34746

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LACEY-FREEMAN, TERENCE A
STREET ADDRESS 4504 ALAQUA TRAIL
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Lacey-Freeman, Terence A.
STREET ADDRESS 3263 S. John Young Parkway
CITY-ST-ZIP Kissimmee, FL 34746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

407-846-7042

Terence A. Lacey-Freeman, Manager