

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90441 034 ****50.00

DOCUMENT # L01000007343

1. Entity Name

Guru Tech Academy, LLC. (P)

DO NOT WRITE IN THIS SPACE

969567

2. Principal Place of Business

11555 Heron Bay Blvd.

Suite, Apt. #, etc.

Suite 310

City & State

Coral Springs FL

Zip

33076

Country

U.S.A

3. Mailing Address

11555 Heron Bay Blvd.

Suite, Apt. #, etc.

Suite 310

City & State

Coral Springs FL

Zip

33076

Country

U.S.A

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4. FEI Number

65-115270

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Corporate Access, INC.

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

236 East 6th Ave

City

Tallahassee

FL

Zip Code

32303

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Managing Director "MGRM"</u> <u>Andrew S. Gilroy</u> <u>11555 Heron Bay Blvd.</u> <u>Coral Springs, FL 33076</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Managing Partner "MGR"</u> <u>Sabino Marquez</u> <u>11555 Heron Bay Blvd.</u> <u>Coral Springs, FL 33076</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Managing Partner "MGR"</u> <u>Eros Canabrua</u> <u>11555 Heron Bay Blvd.</u> <u>Coral Springs, FL 33076</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Managing Partner "MGR"</u> <u>J Gaddis</u> <u>11555 Heron Bay Blvd.</u> <u>Coral Springs, FL 33076</u> |
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IN THIS SPACE**

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:

Andrew S. Gilroy

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

6/20/02 954-575-7150

Date

Daytime Phone #

CR2E083B (12/01)