

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90057 018 ****50.00

DOCUMENT # L01000012634

1. Entity Name

LEARNING MATTERS, LLC



Principal Place of Business

**1515 SEABAY RD
WESTON FL 33326
US**

Mailing Address

**PO BOX 267544
WESTON FL 33326
US**

2. Principal Place of Business

1820 N. CORPORATE LAKES

3. Mailing Address

PO BOX 267544

Suite, Apt. #, etc.

BLVD #202 D

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

Zip

Country

33326

FLORIDA

Zip

Country

33326

FLORIDA

6. Name and Address of Current Registered Agent

**REYES, LEO
1515 SEABAY RD
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete

NAME **REYES, LEO**
STREET ADDRESS **1515 SEABAY ROAD**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **MGRM** ☐ Delete

NAME **NEITA, SHARON**
STREET ADDRESS **1515 SEABAY ROAD**
CITY-ST-ZIP **WESTON FL 33326**

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

7/3/03 954-274-1603

CF2E083 (4/03)

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