

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000020075

1. Entity Name

STAAB AND STAAB EDUCATION LLC



Principal Place of Business

**13461 TANJA KING BLVD
ORLANDO, FL 32828**

Mailing Address

**13461 TANJA KING BLVD
ORLANDO, FL 32828**



01102006 No Chg-LLC

OR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3670491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STAAB, JOHN
14024 CHICORA CROSSING BLVD
ORLANDO, FL 32828**

**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. 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 relocating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STAAB, JOHN
14024 CHICORA CROSSING BLVD
ORLANDO, FL 32828**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STAAB, DEBORAH
14024 CHICORA CROSSING BLVD
ORLANDO, FL 32828**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000398890
01/31/06-80017-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

1/18/2006

Date

407-727-1500

Daytime Phone #