

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L02000000155**

1. Entity Name  
**SWEET LEARNING, L.L.C.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP -7 AM 8:25

Principal Place of Business  
**4370 CHATHAM DRIVE G-201  
LONGBOAT KEY, FL 34228**

Mailing Address  
**4370 CHATHAM DRIVE G-201  
LONGBOAT KEY, FL 34228**

**DO NOT WRITE IN THIS SPACE**

09012005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**80-0004896**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SWEET, ANN G  
4370 CHATHAM DRIVE G-201  
LONGBOAT KEY, FL 34228**

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SWEET, ANN G  
4370 CHATHAM DRIVE G-201  
LONGBOAT KEY, FL 34228**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000059817170  
09/21/05--01026--004 \*\*50.00

**DO NOT WRITE  
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:**

*Ann G. Sweet* **Ann G. Sweet, MGR**

*9/21/05* **94-387-1212**

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

Date

Daytime Phone #