

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026894

FILED
Mar 19, 2009
Secretary of State

Entity Name: ALLIANCE ACADEMIES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

1862 E WINTER PARK ROAD
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1862 E. WINTER PARK ROAD
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 52-2384353 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HADDOCK PROFESSIONAL ASSOCIATION
3300 UNIVERSITY BLVD.
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LYMAN, NIEVES A
Address: 1698 HIBISCUS AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: LYMAN-RIVERA, JENNIFER
Address: 2504 FOX SQUIRREL COURT
City-St-Zip: APOPKA, FL 32712 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NIEVES LYMAN

MGRM

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date