

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026894

**FILED**  
**Apr 20, 2012**  
**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  
**Name:** LYMAN, NIEVES A  
**Address:** 1698 HIBISCUS AVENUE  
**City-St-Zip:** WINTER PARK, FL 32789

I hereby 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

04/20/2012

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