

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000006338

Entity Name: CHOICE ACADEMY, LLC

FILED  
May 12, 2005  
Secretary of State

## Current Principal Place of Business:

6665 CABELLO DRIVE  
JACKSONVILLE, FL 32226

## New Principal Place of Business:

## Current Mailing Address:

6665 CABELLO DRIVE  
JACKSONVILLE, FL 32226

## New Mailing Address:

FEI Number: 36-4518455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHIPMAN, EMMA C  
6665 CABELLO DRIVE  
JACKSONVILLE, FL 32226 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: EMMA C. SHIPMAN

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

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

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

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

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

## ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition  
Name: SHIPMAN, EMMA C  
Address: 6665 CABELLO DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP ( ) Change (X) Addition  
Name: SHIPMAN, LLOYD  
Address: 6665 CABELLO DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

Title: TRES ( ) Change (X) Addition  
Name: CRAIG, GERALDINE  
Address: 140 EUCLID AVENUE  
City-St-Zip: TEANECK, NJ 07601

Title: SEC ( ) Change (X) Addition  
Name: BYNUM, APRIL  
Address: 11446 MONUMENT RIDGE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EMMA C. SHIPMAN

PRES

05/12/2005

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