

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 14, 2004 8:00 am
Secretary of State

05-03-2004 90141 034 ****50.00

DOCUMENT # L03000008945 1. Entity Name LYNDON ACADEMY L.L.C.			
Principal Place of Business 8134 MISTY OAKS BLVD. SARASOTA, FL 34243		Mailing Address 8134 MISTY OAKS BLVD. SARASOTA, FL 34243	
2. Principal Place of Business Suite, Apt. #, etc. 1219 East Avenue South, Suite 104		3. Mailing Address Suite, Apt. #, etc. 1219 East Avenue South, Suite 104	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34239		Zip 34239	
Country 		Country 	
4. FEI Number 20-0789549		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIDSHAL, JOAN WESTLAND CONSULTING 220 N TUTTLE AVE SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) 1219 East Avenue South, Suite 104 City Sarasota FL Zip Code 34239	
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 <u>Joan Fridshal, CPA</u> <u>Joan Fridshal</u> <u>4/29/04</u> (Signature typed or printed below of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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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: <u>Donald C. Murdock</u> <u>4/29/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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