

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013968

FILED
Jun 16, 2009
Secretary of State

Entity Name: SUMMIT MONTESSORI TEACHER TRAINING INSTITUTE, L.L.C.

Current Principal Place of Business:

5451 SW 64TH AVENUE
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

5451 SW 64TH AVENUE
DAVIE, FL 33314

New Mailing Address:

FEI Number: 68-0552805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMOLEY, ROBERT ESQ
18999 BISCAYNE BLVD
201
AVENTURA, FL 33180 US

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: D () Delete
Name: HUDLETT, JEANNE
Address: 5109 N. OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

Title: D () Delete
Name: DEMPSEY, JUDY
Address: 5451 SW 64TH AVE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES:

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

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

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: JUDY DEMPSEY

MRS.

06/16/2009

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