

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000013968

**FILED**  
**Jan 11, 2010**  
**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 ( )**

**Name and Address of Current Registered Agent:**

SMOLEY, ROBERT ESQ  
18999 BISCAYNE BLVD  
201  
AVENTURA, FL 33180 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: D  
Name: HUDLETT, JEANNE  
Address: 5109 N. OCEAN BLVD  
City-St-Zip: OCEAN RIDGE, FL 33435

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

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: JUDY DEMPSEY

D

01/11/2010

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