

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014120

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: ADVANCED ASSESSMENT SYSTEMS, LLC

**Current Principal Place of Business:**

80 5TH AVENUE  
SUITE 1503  
NEW YORK, NY 10011

**New Principal Place of Business:**

**Current Mailing Address:**

80 5TH AVENUE  
SUITE 1503  
NEW YORK, NY 10011

**New Mailing Address:**

FEI Number: 20-0181030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POWE, JOSHUA  
1200 WEST AVENUE  
TS-5  
MIAMI BEACH, FL 33139 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 ( ) Delete  
Name: JONES, COLLEEN  
Address: 11 CUSHMAN ROAD  
City-St-Zip: PATTERSON, NY 12563 US

Title: MGRM ( ) Delete  
Name: POWE, REGINALD  
Address: 11 CUSHMAN ROAD  
City-St-Zip: PATTERSON, NY 12563 US

Title: MGRM ( ) Delete  
Name: POWE, JASON  
Address: 1000 WEST AVENUE, APT #1411  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM ( ) Delete  
Name: POWE, JOSHUA  
Address: 1200 WEST AVENUE, TS-5  
City-St-Zip: MIAMI BEACH, FL 33139 US

**ADDITIONS/CHANGES:**

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

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

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: REGINALD POWE

MGR

04/17/2009

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