

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90031 024 ****50.00

DOCUMENT # L03000014126

1. Entity Name
CONSTRUCTION SCHOOLS OF AMERICA LLC



Principal Place of Business
**3223 NW 10TH TERRACE, STE. 610
FORT LAUDERDALE, FL 33309**

Mailing Address
**3223 NW 10TH TERRACE, STE. 610
FORT LAUDERDALE, FL 33309**

40037362



2. Principal Place of Business
**3730 Coconut Creek Pkwy
Suite, Apt. #, etc.
Suite 120**

3. Mailing Address
**79 Coventry Street
Suite, Apt. #, etc.
Suite 6**

04242006 Chg-LLC CR2E083 (11/05)

City & State
Coconut Creek, FL

City & State
Newport, VT

4. FEI Number
76-0732342

Applied For
Not Applicable

Zip
33066

Country
U.S.A.

Zip
05855-2100

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CONSTRUCTION SCHOOLS OF AMERICA, LLC
3223 N.W. 10TH TERRACE, SUITE 610
C/O RICHARD PARENTEAU SR
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
CONSTRUCTION SCHOOLS OF AMERICA, LLC
Street Address (P.O. Box Number is Not Acceptable)
C/O RICHARD PARENTEAU SR
3730 Coconut Creek Pkwy, Suite 120
Coconut Creek FL Zip Code
33066

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

[Signature]

RICHARD PARENTEAU SR
President

April 24, 2006

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
PARENTEAU, RICHARD SR
3223 NW 10TH TERRACE, STE 610
FORT LAUDERDALE, FL 33309** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
PARENTEAU, RICHARD SR
79 Coventry Street, Suite 6
Newport, VT 05855-2100** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 24, 2006

Date

Daytime Phone #

1-800-613-0656