


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 NOV 16 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---------------------------------|----------------------------|--|---|--|
| DOCUMENT # L03000023584 1. Entity Name ABC SCHOOLS, LLC | | | |  | |
| Principal Place of Business 202 S. OLIVE AVE WEST PALM BEACH, FL 33401 | | | Mailing Address 202 S. OLIVE AVE WEST PALM BEACH, FL 33401 | | |
| 2. Principal Place of Business 1711 LATHAM RD | | 3. Mailing Address SAME | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State WEST PALM BCH, FL | | City & State | | | |
| Zip 33409 | | Country USA | | 4. FEI Number 13-4259306 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent FIGUEREDO, DANIEL (MARIO Daniel Ramon Figueredo) 120 S. OLIVE AVE 401 WEST PALM BEACH, FL 33401 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1711 LATHAM ROAD City WEST PALM BCH, FL Zip Code 33409 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by September 8, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <i>Mario R. Ramon</i> | | | MARIO R. RAMON MEMBER | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date 10.12.04 | | |
| Daytime Phone # 954 474-0055 | | | 954 474-0055 | | |