

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026588

FILED
Feb 04, 2008
Secretary of State

Entity Name: REACHING TOMORROW'S WORKFORCE, LLC

Current Principal Place of Business:

1452 NORTH KROME AVENUE
SUITE 102 D
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

1452 NORTH KROME AVENUE
SUITE 102 D
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 81-0624153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: KHAJAVI, DONALD MR.
Address: 1452 NORTH KROME AVENUE SUITE 102 D
City-St-Zip: FLORIDA CITY, FL 33034

Title: MGRM () Delete
Name: HAMMOND, THOMAS MR.
Address: 1452 NORTH KROME AVENUE SUITE 102 D
City-St-Zip: FLORIDA CITY, FL 33034

Title: MGRM () Delete
Name: HAMMOND, TOM MR.
Address: 1452 NORTH KROME AVENUE SUITE 102 D
City-St-Zip: FLORIDA CITY, FL 33034

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:

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: DONALD KHAJAVI

MR.

02/04/2008

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