

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042459

FILED
Apr 10, 2009
Secretary of State

Entity Name: RENAISSANCE INSTITUTE OF SCHOLARS AND ENTREPRENEURS LLC

Current Principal Place of Business:

3 SPRING DRIVEWAY
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

550 W. MERRICK RD
SUITE 7
VALLEY STREAM, NY 11580 US

New Mailing Address:

FEI Number: 20-0352997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORBES, JOHN C MGR
3 SPRING DRIVEWAY
OCALA, FL 34472 US

Name and Address of New Registered Agent:

FORBES, JOHN C MR.
3 SPRING DRIVE WAY
OCALA, FL 34472 US

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: JOHN FORBES

04/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FORBES, JOHN C MGR
Address: 3 SPRING DRIVE WAY
City-St-Zip: OCALA, FL 34472 US

Title: MGR (X) Delete
Name: FORBES, JOHN C MGR
Address: 3 SPRING DRIVE WAY
City-St-Zip: OCALA, FL 34472 US

ADDITIONS/CHANGES:

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: JOHN FORBES

MGR

04/10/2009

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