

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90049 025 ****50.00

DOCUMENT # L03000048805

1. Entity Name
TRITON EDUCATIONAL ASSOCIATES, LLC



Principal Place of Business
**4225 PT. LA VISTA ROAD W.
JACKSONVILLE, FL 32207**

Mailing Address
**4225 PT. LA VISTA ROAD W.
JACKSONVILLE, FL 32207**

20051126



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005

Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3444909

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~OLESEN, PRESEN~~
~~1450 JETPORT DR~~
~~ORLANDO, FL 32809~~

Name *Bryan L. Putnal*

Street Address (P.O. Box Number is Not Acceptable)

4225 Pt. LaVista Rd. W.

City *Jacksonville*

FL

Zip Code
32207

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-05

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *MGR / Manteo* ☐ Delete
NAME **MANKO SERVICE CORPORATION**
STREET ADDRESS **4225 PT. LA VISTA RD. W.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *[Signature]*

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

Date

Daytime Phone #

authorized representative 4-26-05 904-359-7754