

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056382

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** INDEPENDENT EDUCATIONAL ADVISING, LLC

**Current Principal Place of Business:**

601 BAYSHORE BLVD, STE 700  
TAMPA, FL 33606

**New Principal Place of Business:**

450 KNIGHTS RUN  
UNIT 1208  
TAMPA, FL 33602

**Current Mailing Address:**

601 BAYSHORE BLVD, STE 700  
TAMPA, FL 33606

**New Mailing Address:**

450 KNIGHTS RUN #1208  
TAMPA, FL 33602

**FEI Number:** 26-2848989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIRKWOOD, PETER T  
601 BAYSHORE BLVD, STE 700  
TAMPA, FL 33606 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  
Name: KIRKWOOD, KARLA D  
Address: 450 KNIGHTS RUN #1208  
City-St-Zip: TAMPA, FL 33602 US

I hereby 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: KARLA D. KIRKWOOD

MGRM

01/26/2011

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