

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000045770

**FILED**  
**May 10, 2012**  
**Secretary of State**

**Entity Name:** ALPHA 2 OMEGA TRAFFIC SCHOOL, LLC

**Current Principal Place of Business:**

1018 NORTH BLVD. W.  
SUITE A  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 491077  
LEESBURG, FL 34749

**New Mailing Address:**

**FEI Number:** 20-1396351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MITCHELL, RUBY V  
1018 N BLVD. WEST  
LEESBURG, FL 34748 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:** MGR  
**Name:** MITCHELL, PERNELL SR  
**Address:** P.O. BOX 491033  
**City-St-Zip:** LEESBURG, FL 34749

**Title:** MGRM  
**Name:** MITCHELL, RUBY V  
**Address:** P.O. BOX 491033  
**City-St-Zip:** LEESBURG, FL 34749

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:** RUBY MITCHELL

MGR

05/10/2012

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