

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052562

FILED  
May 07, 2008  
Secretary of State

Entity Name: LABOR LAW COMPLIANCE INSTITUTE, LLC

## Current Principal Place of Business:

4175 EAST BAY DR  
SUITE 118  
CLEARWATER, FL 33764

## New Principal Place of Business:

## Current Mailing Address:

1453 GULF TO BAY BLVD.  
SUITE B  
CLEARWATER, FL 33755

## New Mailing Address:

4175 EAST BAY DR  
SUITE 118  
CLEARWATER, FL 33764

FEI Number: 20-1205238      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

KRONEN, PATRICIA M MRS  
1876 BRENTWOOD DR  
CLEARWATER, FL 33764      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      ( ) Delete  
Name: MILLS, RALPH  
Address: 6841 NORTH ST. ANDREWS DRIVE  
City-St-Zip: HIALEAH, FL 33015

Title: MGR      ( ) Delete  
Name: KRONEN, JAMES  
Address: 1455 GULF TO BAY BLVD.  
City-St-Zip: CLEARWATER, FL 33755

Title: MGR      ( ) Delete  
Name: KRONEN, PATRICIA  
Address: 1455 GULF TO BAY BLVD.  
City-St-Zip: CLEARWATER, FL 33755

Title: MGR      ( ) Delete  
Name: MILLS, BARBARA  
Address: 6841 NORTH ST. ANDREWS DRIVE  
City-St-Zip: HIALEAH, FL 33015

## 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:

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: PATRICIA KRONEN

MGR

05/07/2008

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