2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052562

Entity Name: LABOR LAW COMPLIANCE INSTITUTE, LLC

6841 NORTH ST. ANDREWS DRIVE

HIALEAH, FL 33015

Address:

City-St-Zip:

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4175 EAST BAY DR 10530 72ND ST SUITE 706 SUITE 118 CLEARWATER, FL 33764 LARGO, FL 33777 **New Mailing Address: Current Mailing Address:** 4175 EAST BAY DR 10530 72ND ST SUITE 118 SUITE 706 CLEARWATER, FL 33764 LARGO, FL 33777 FEI Number: 20-1205238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRONEN, PATRICIA M MRS MILLS, BARBARA MRS 6841 N ST ANDREWS DR 1876 BRENTWOOD DR US HIALEAH, FL 33015 CLEARWATER, FL 33764 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: BARBARA MILLS 04/15/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete MILLS, RALPH Name: Name: 6841 NORTH ST. ANDREWS DRIVE Address: Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: KRONEN, JAMES Name: Address: 1455 GULF TO BAY BLVD. Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition KRONEN, PATRICIA Name: Name: 1455 GULF TO BAY BLVD. Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MILLS, BARBARA Name:

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.

Address:

City-St-Zip:

SIGNATURE: BARBARA MILLS MGR 04/15/2009