

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90092 030 ****50.00

DOCUMENT # L04000053447

1. Entity Name

ELOGIC LEARNING, LLC



Principal Place of Business

Mailing Address

8184 WOODLAND CENTER BOULEVARD
TAMPA FL 33614

8184 WOODLAND CENTER BOULEVARD
TAMPA FL 33614

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

14934 N. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Same

Zip 33634

Country HI

Zip

Country

1st MOORE

CR2E083 (10/06)

1/18



4. FEI Number

20-1386041

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

ANDERSON, MARK
8184 WOODLAND CENTER BOULEVARD
TAMPA FL 33614

Name

Mark Anderson

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

14934 N. Florida Ave

City

Tampa

FL

Zip Code 33634

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE L ☐ Delete
NAME ANDERSON, MARK
STREET ADDRESS 8184 WOODLAND CENTER BLVD
CITY ST ZIP TAMPA FL 33614

TITLE L ☒ Change ☐ Addition
NAME Mark Anderson
STREET ADDRESS 14934 N. Florida Ave
CITY ST ZIP Tampa FL 33634

TITLE CEO ☐ Delete
NAME DIAMOND, MITCH
STREET ADDRESS 8184 WOODLAND CENTER BLVD
CITY ST ZIP TAMPA FL 33614

TITLE CEO ☒ Change ☐ Addition
NAME Mitch Diamond
STREET ADDRESS 14934 N. Florida Ave
CITY ST ZIP Tampa FL 33634

TITLE CT ☐ Delete
NAME SNOWDEN, BILL
STREET ADDRESS 8784 WOODLAND CENTER BLVD
CITY ST ZIP TAMPA FL 33614

TITLE CT ☒ Change ☐ Addition
NAME Bill Snowden
STREET ADDRESS 14934 N. Florida Ave
CITY ST ZIP Tampa FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

3/19/07 813 901 8600