

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-07-2005 90284 020 ****50.00

30002014



1st MOORE CR2E083 (10/04)

DOCUMENT # L04000066238					
1. Entity Name INTERNATIONAL CENTER FOR EXCELLENCE IN EDUCATION II, LLC.					
Principal Place of Business 5500 34TH STREET WEST BRADENTON FL 34210			Mailing Address 5500 34TH STREET WEST BRADENTON FL 34210		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1600053	
				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BREUNICH, GREG C 5500 34TH STREET WEST BRADENTON FL 34210				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS					
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Delete				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Delete				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Delete				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Delete				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Delete				
10. ADDITIONS / CHANGES					
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Change ☐ Addition				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Change ☐ Addition				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Change ☐ Addition				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Change ☐ Addition				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE 3-11-05					
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					