

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000082995

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** ACADEMY OF CLASSICAL HOMEOPATHY, LLC

**Current Principal Place of Business:**

526 LAND O'LAKES CT.  
DELAND, FL 32724

**New Principal Place of Business:**

8470 CARAWAY COURT  
ORLANDO, FL 328194350 US

**Current Mailing Address:**

526 LAND O'LAKES CT.  
DELAND, FL 32724

**New Mailing Address:**

8470 CARAWAY COURT  
ORLANDO, FL 328194350 US

**FEI Number:** 20-2744016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEROME, ANN E  
526 LAND O'LAKES CT.  
DELAND, FL 32724 US

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

JEROME, ANN E  
8470 CARAWAY COURT  
ORLANDO, FL 328194350 US

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:

01/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JEROME, ANN E  
Address: 8470 CARAWAY COURT  
City-St-Zip: ORLANDO, FL 328194350 US

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: ANN E JEROME

MGRM

01/13/2011

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