2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 11, 2005 8:00 am Secretary of State 07-11-2005 90045 042 ****55.00

DOCUMENT # L0500000592 1. Entity Name POPQUIZ, LLC						07-11-2003		3.00
Principal Place of Business		Mailing Address		7	20062204			
1572 PALM BEACH LAKES BLVD		1572 PALM BEACH LAKES BLVD						
SUITE 4A West Palm Beach, Fl 33401		SUITE 4A WEST PALM BEACH, FL 33401						
WEST PALM 8	SEACH, FE 334U1	WEST PALM BEAUT, FL	33401		1 (111)(2)(11)	CONTRACTOR STATE	 	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07072005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Numb	0-1100	962	oplied For ot Applicable	
Zip			Country			of Status Desired	\$5.00 Add Fee Require	ditional ed
	6. Name and Address of Current R	legistered Agent		Name	7. Name and	Address of New F	Registered Agent	<u>.</u>
ENLOW, ANTHONY				INSTITUTE				
110 VILLA JUPITER,,	BELLA			Street Addre	ess (P.O. Box Numb	er is Not Acceptable	9)	
				City			FL Zip Cox	ie
	named entity submits this statement for ions of registered agent.					th, in the State of Flo		and accept
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT)	E: Registere	d Agent signature re-	equired when reinstating)		DATE	
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Fil Due b	ing Fee is \$50.00 by September 7, 2005						ke check payable to a Department of Sta	te
Fil Due b	ing Fee is \$50.00 by September 7, 2005 MANAGING MEMBER	RS/MANAGERS	10.				a Department of Sta	te
9, TITLE	MANAGING MEMBER	RS/MANAGERS	TITL	E		Florid	a Department of Sta	Addition
9. TITLE NAME	MANAGING MEMBER MGR ENLOW, ANTHONY		TITL	E SE		Florid	a Department of Star	
9, TITLE	MANAGING MEMBER MGR ENLOW, ANTHONY 110 VILLA BELLA		TITL NAM STRI	E		Florid	a Department of Star	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR ENLOW, ANTHONY	☐ Detete	TITL NAM STRI	E NE EET ADDRESS (-ST-ZIP		Florid	A Department of Star /CHANGES Change	☐ Addition
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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 and water 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 amovered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE