

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000030269

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** RITA CROCKETT ACADEMY, LLC

**Current Principal Place of Business:**

4069 SHADY VIEW LN.  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

14754 SW 9TH LN  
MIAMI, FL 33194

**Current Mailing Address:**

4069 SHADY VIEW LN.  
TALLAHASSEE, FL 32311

**New Mailing Address:**

14754 SW 9TH LN  
MIAMI, FL 33194

**FEI Number:** 52-2398559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCK-CROCKETT, RITA  
4069 SHADY VIEW LN.  
TALLAHASSEE, FL 32311 US

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

BUCK-CROCKETT, RITA  
14754 SW 9TH LN  
MIAMI, FL 33194 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/13/2012

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BUCK-CROCKETT, RITA  
Address: 14754 SW 9TH LN  
City-St-Zip: MIAMI, FL 33194

Title: MGRM  
Name: BUCK, RENE  
Address: 14754 SW 9TH LN  
City-St-Zip: MIAMI, FL 33194

Title: MGRM  
Name: ROYSTER-CROCKETT, MARRITA  
Address: 14754 SW 9TH LN  
City-St-Zip: MIAMI, FL 33194

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: RITA BUCK-CROCKETT

MGRM

03/13/2012

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