

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000062909

1. Entity Name
INDIAN TRAILS EDUCATORS, LLC



Principal Place of Business

84 UPSHIRE PATH
PALM COAST, FL 32164

Mailing Address

84 UPSHIRE PATH
PALM COAST, FL 32164

DO NOT WRITE IN THIS SPACE



03172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3077812

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARAUJO, MATTHEW
84 UPSHIRE PATH
PALM COAST, FL 32164

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000901895
04/29/08 30086 016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ARAUJO, MATTHEW
STREET ADDRESS	84 UPSHIRE PATH
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	MGRM
NAME	D'ASCHEBERG, MICHAEL
STREET ADDRESS	18 WEBWOOD PLACE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Matthew S. Araujo

4-14-08

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

Date

Daytime Phone #