

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 29, 2007 8:00 am
Secretary of State

04-30-2007 90041 022 ****55.00

DOCUMENT # L05000065033 1. Entity Name CODE BLUE EDUCATION, LLC					
Principal Place of Business 18196 BARUCH DRIVE FORT MYERS FL 33967			Mailing Address 18196 BARUCH DRIVE FORT MYERS FL 33967		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-5405223 84-1683654				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, SHEILAGH C 18196 BARUCH DRIVE FORT MYERS FL 33967			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 _____ Signature, typed or printed name of registered agent and state is applicable (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, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Sheilagh C Young 18196 BARUCH DRIVE Fort Myers, FL 33967		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		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 exemptions contained in Section 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: <u>Sheilagh C Young</u> <u>Sheilagh C Young</u> <u>4/19/2007</u> <u>(813) 777-9636</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Telephone #					