

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000086147

1. Entity Name
**AMERICAN SCHOOL FOR CONTINUING EDUCATION,
LLC**



Principal Place of Business
**1024 NE 163RD. STREET
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**1024 NE 163RD. STREET
NORTH MIAMI BEACH, FL 33162**



04242007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0806800

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GAUNTLET, CHRISTOPHER
5403 NW 207TH STREET
UNIT 141
MIAMI, FL 33169**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
GAUNTLET, CHRISTOPHER
5403 NW 207TH STREET UNIT 141
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STEWART, VANNIE
415 NE 142 STREET
MIAMI, FL 33161**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRA
NORMAN, VIOLA
14700 NE 7TH COURT
N MIAMI, FL 33168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000734780
05/10/07-80007-014 50.00

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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: _____

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

04-24-07 305-608-7551

Date

Daytime Phone #