

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000010944

**Entity Name:** S2 INSTITUTE ORLANDO, LLC

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1064 SR 436  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

1261 S. MISSOURI AVENUE  
CLEARWATER, FL 33756 US

**New Mailing Address:**

**FEI Number:** 26-0701124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARDS, JAMES K CPA  
1261 S. MISSOURI AVENUE  
CLEARWATER, FL 33756 US

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

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** THE SAFETY & INTELLIGENCE INSTITUTE, INC.  
**Address:** 1261 S. MISSOURI AVENUE  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** MGR  
**Name:** POULIN, KARL C  
**Address:** 1261 S. MISSOURI AVE.  
**City-St-Zip:** CLEARWATER, FL 33756 US

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: KARL C. POULIN

MGR

04/28/2010

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