

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000024084

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** "A" WISE CHOICE - EDUCATION SOLUTIONS, LLC

**Current Principal Place of Business:**

6900 PHILLIPS HWY  
STE 25  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

6900 PHILLIPS HWY  
STE 25  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 20-4442545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BREVALDO, JANICE C  
11250 RUSTIC PINES CIR W  
JACKSONVILLE, FL 32257 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:** BREVALDO, JANICE C  
**Address:** 11250 RUSTIC PINES CIR W  
**City-St-Zip:** JACKSONVILLE, FL 32257 US

**Title:** MGRM  
**Name:** NELSON, LORAIN P  
**Address:** 6327 ORTEGA FARMS BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32244 US

**Title:** MGRM  
**Name:** HIGHSMITH, DELENA L  
**Address:** 770 SWISS OAKS CT  
**City-St-Zip:** JACKSONVILLE, FL 32259 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:** JANICE C BREVALDO

MGRM

02/19/2011

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