



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000036308 1. Entity Name THE ACADEMY OF LEARNING AND DEVELOPMENT, LLC	
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Principal Place of Business 1567 HIGHWAY 90 CHIPLEY, FL 32428 US	Mailing Address 1544 WES NELSON RD. CHIPLEY, FL 32428 US
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DO NOT WRITE IN THIS SPACE

	
03272008 No Chg-LLC CR2E083 (12/07)	
4. FEI Number 20-4646898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SAVELL, LINDA J 1544 WES NELSON RD. CHIPLEY, FL 32428

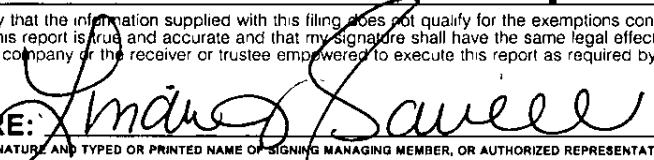
DO NOT WRITE IN THIS SPACE

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	00000036308554 05/05/08-00003-003 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAVELL, LINDA J 1544 WES NELSON RD. CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAVELL, HOLLIS M 1544 WES NELSON RD. CHIPLEY, FL 32428
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	4-11-08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>