

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000036308

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** THE ACADEMY OF LEARNING AND DEVELOPMENT, LLC

**Current Principal Place of Business:**

1567 HIGHWAY 90  
CHIPLEY, FL 32428 US

**New Principal Place of Business:**

**Current Mailing Address:**

1544 WES NELSON RD.  
CHIPLEY, FL 32428 US

**New Mailing Address:**

**FEI Number:** 20-4646898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAVELL, LINDA J  
1544 WES NELSON RD.  
CHIPLEY, FL 32428 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: LINDA SAVELL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SAVELL, LINDA J  
Address: 1544 WES NELSON RD.  
City-St-Zip: CHIPLEY, FL 32428 US

Title: MGRM  
Name: SAVELL, HOLLIS M  
Address: 1544 WES NELSON RD.  
City-St-Zip: CHIPLEY, FL 32428 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: LINDA SAVELL

MGRM

03/23/2012

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