

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039785

FILED
Jan 16, 2008
Secretary of State

Entity Name: I KNOW I CAN ACADEMY EDUCATIONAL SOLUTIONS, LLC

Current Principal Place of Business:

P.O. BOX 1802
BARTOW, FL 33831

New Principal Place of Business:

2145 M.L.K. BLVD.
BARTOW, FL 33830

Current Mailing Address:

P.O. BOX 1802
BARTOW, FL 33831

New Mailing Address:

FEI Number: 52-2400550 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLOYD, MONIQUE
2145 M.L.K. BLVD.
BARTOW, FL 33830 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 () Delete
Name: FLOYD, MONIQUE
Address: P.O. BOX 1802
City-St-Zip: BARTOW, FL 33831

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MONIQUE FLOYD

MGRM

01/16/2008

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