

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000039785

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

2059 COUNTRY AIRE LOOP  
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:**

FLOYD, MONIQUE  
2059 COUNTRY AIRE LOOP  
BARTOW, FL 33830 US

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: MONIQUE FLOYD

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FLOYD, MONIQUE  
Address: P.O. BOX 1802  
City-St-Zip: BARTOW, FL 33831

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: MONIQUE FLOYD

MGRM

01/05/2010

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