

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90186 019 \*\*\*138.75

<b>DOCUMENT # L06000047944</b>					
<b>1. Entity Name</b> LEARNING STRATEGIES LLC					
<b>Principal Place of Business</b> 1806 PLAZA CT WINTER SPRINGS, FL 32708			<b>Mailing Address</b> 161 NANDINA TERRACE WINTER SPRINGS, FL 32708		
<b>2. Principal Place of Business - No P.O. Box #</b> 1600 Town Plaza Ct		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc. Suite 1424		Suite, Apt. #, etc.		04212008    Chg-LLC    CR2E083 (12/06)	
<b>City &amp; State</b> Winter Springs, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-4900290	
<b>Zip</b> 32708		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ARNOLD, LYNN H 161 NANDINA TERRACE WINTER SPRINGS, FL 32708			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE: <u>Lynn H. Arnold</u> DATE: <u>4/28/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR HAROLD, LYNN H 161 NANOINA TER WINTER SPRINGS, FL 32708		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR ARNOLD, LYNN H. 161 NANDINA TERRACE WINTER SPRINGS, FL 32708	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Lynn H. Arnold</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4/28/08</u> Daytime Phone #: <u>407-461-2418</u>		

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