

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000064992

FILED
Jul 27, 2009
Secretary of State**Entity Name:** ADJUNCTSUCCESS, LLC**Current Principal Place of Business:**4949 N. HIGHWAY A1A
#194
FT. PIERCE, FL 34949 US**New Principal Place of Business:****Current Mailing Address:**4949 N. HIGHWAY A1A
#194
FT. PIERCE, FL 34949 US**New Mailing Address:****FEI Number:** 20-5137294 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LYONS, RICHARD E DR.
4949 N. HIGHWAY A1A
#194
FT. PIERCE, FL 34949 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:** PRES () Delete
Name: LYONS, RICHARD E
Address: 4949 N. HIGHWAY A1A #194
City-St-Zip: FT. PIERCE, FL 34949 US**Title:** VP () Delete
Name: CARPENTER, RHEA
Address: 5451 4TH PLACE
City-St-Zip: VERO BEACH, FL 32968 US**Title:** VP () Delete
Name: BURNSTAD, HELEN V
Address: 10742 W. 116TH TERR.
City-St-Zip: OVERLAND PARK, KS 66210 US**Title:** VP (X) Delete
Name: SPEAR, THOMAS V
Address: 695 REEF RD.
City-St-Zip: VERO BEACH, FL 32963 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: CARPENTER, RHEAL J
Address: 5451 4TH PLACE
City-St-Zip: VERO BEACH, FL 32968 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: RICHARD E. LYONS

PRES

07/27/2009

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