

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070995

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE INTERPRETIVE WORD, LLC

Current Principal Place of Business:

6460 NEEDLES TRAIL
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

3036 GILES PLACE
TALLAHASSEE, FL 32309 US

Current Mailing Address:

6460 NEEDLES TRAIL
TALLAHASSEE, FL 32309 US

New Mailing Address:

3036 GILES PLACE
TALLAHASSEE, FL 32309 US

FEI Number: 20-5215412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINSTEIN, TASHA M
6460 NEEDLES TRAIL
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

WEINSTEIN, BRIAN S
3036 GILES PLACE
TALLAHASSEE, FL 32309 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: BRIAN S. WEINSTEIN

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WEINSTEIN, BRIAN S
Address: 867 NOA STREET
City-St-Zip: FORT PIERCE, FL 34982 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WEINSTEIN, BRIAN S
Address: 3036 GILES PLACE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGR () Change (X) Addition
Name: WEINSTEIN, TASHA M
Address: 3036 GILES PLACE
City-St-Zip: TALLAHASSEE, FL 32309 US

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: BRIAN S. WEINSTEIN

MGR

04/28/2009

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