

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102264

**FILED**  
**Jan 18, 2009**  
**Secretary of State**

**Entity Name:** MID-FLORIDA EDUCATIONAL SERVICES, LLC

**Current Principal Place of Business:**

28241 ATLANTIS ROAD  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 527  
TANGERINE, FL 32777

**New Mailing Address:**

PO BOX 492  
TANGERINE, FL 32777

**FEI Number:** 59-3663707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KELLER, ANNE HANNA  
28241 ATLANTIS  
TANGERINE, FL 32778 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: KELLER, ANNE HANNA  
Address: PO BOX 527  
City-St-Zip: TANGERINE, FL 32777

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KELLER, ANNE HANNA  
Address: PO BOX 492  
City-St-Zip: TANGERINE, FL 32777

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:** ANNE HANNA KELLER

MGRM

01/18/2009

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