

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-02-2008 90015 019 ***138.75

DOCUMENT # L07000002203 1. Entity Name MAVERICKS IN EDUCATION, LLC					
Principal Place of Business 3120 NE 55TH COURT FORT LAUDERDALE, FL 33308			Mailing Address 3120 NE 55TH COURT FORT LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-1192991 ☐ Applied For ☒ Not Applicable					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent THIMMIG, MARK F 3120 NE 55TH COURT FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THIMMIG, MARK F 3120 NE 55TH COURT FORT LAUDERDALE, FL 33308	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOLEY BROWN, CATHY 3120 NE 55TH COURT FORT LAUDERDALE, FL 33308	☐ Delete			
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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.					
SIGNATURE: mark F Thimmig 4/25/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 4/25/08 Daytime Phone #					

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