


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90203 012 \*\*\*138.75

|  |   |
|--|---|
| <b>DOCUMENT # L07000004108</b>                       |  |
| 1. Entity Name<br>SOUTH FLORIDA LEARNING CENTER, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>505 N.W. 65TH COURT, SUITE 102-A<br>FT. LAUDERDALE, FL 33309 | Mailing Address<br>505 N.W. 65TH COURT, SUITE 102-A<br>FT. LAUDERDALE, FL 33309 |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 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 |

60014833



02122008 Chg-LLC CR2E083 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-8208706 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br>FILINGS, INC.<br>3732 N.W. 16TH STREET<br>FT. LAUDERDALE, FL 33311-4132 |  | 7. Name and Address of New Registered Agent<br>Name: FRANK RUSSO<br>Street Address (P.O. Box Number is Not Acceptable)<br>505 NW 65TH COURT SUITE 102<br>City: FT. LAUDERDALE FL Zip Code: 33309 |  |
|--|--|--|--|

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: Frank M. Russo FRANK RUSSO DATE: 3/11/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>RUSSO, FRANK<br>505 N.W. 65TH COURT, SUITE 102-A<br>FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Frank M. Russo FRANK RUSSO DATE: 3/11/08 A 954-714-7933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE