

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000007903

**FILED**  
**Mar 26, 2011**  
**Secretary of State**

**Entity Name:** JUALS CLASSROOM LIBRARIES, LLC

**Current Principal Place of Business:**

1655 S. HIGHLAND AVENUE  
D142  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

100 N. MISSOURI AVENUE  
CLEARWATER, FL 33755-486 US

**Current Mailing Address:**

PO BOX 4397  
CLEARWATER, FL 33758 US

**New Mailing Address:**

**FEI Number:** 41-2225294      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BROWN, ALLISON L  
1655 S. HIGHLAND AVE.  
D142  
CLEARWATER, FL 33756 US

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

SISCO, ALLISON L  
2817 DELACHAISE CT  
CLEARWATER, FL 33761 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: ALLISON SISCO

03/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SISCO, ALLISON L  
**Address:** 2817 DELACHAISE CT  
**City-St-Zip:** CLEARWATER, FL 33761 US

**Title:** MGR  
**Name:** JONES, JULIE C  
**Address:** 1231 ROSEWOOD STREET  
**City-St-Zip:** LARGO, FL 33770 US

I hereby 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: ALLISON SISCO

MM

03/26/2011

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