

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010533

FILED  
Mar 21, 2009  
Secretary of State

**Entity Name:** WAY COOL COMPUTER CAMP, LLC

**Current Principal Place of Business:**

820 ST. MICHAEL STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

820 ST. MICHAEL STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

LANE, STEVEN  
820 ST. MICHAEL STREET  
TALLAHASSEE, FL 32301 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: LANE, STEVE  
Address: 820 ST. MICHAEL STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Delete  
Name: REED, SANDRA  
Address: 20572 JOHNSON ROAD  
City-St-Zip: LONG BEACH, MS 39560

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SANDRA REED

CEO

03/21/2009

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