

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014513

Entity Name: SCHOOLPLUS, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

725 NE 12TH ST
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

PO BOX 292
CRYSTAL RIVER, FL 34423

New Mailing Address:

FEI Number: 26-1140027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, JOHN S
121 NW 3RD STREET
OCALA, FL 34475 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: MINTON, MICHAEL
Address: 725 NE 12TH ST
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MGRM () Delete
Name: HERBERT, ANNA
Address: 725 NE 12TH ST
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MGRM () Delete
Name: HOLMES, LEAH
Address: 1644 W RAVINE LANE
City-St-Zip: DUNNELLON, FL 33431

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MINTON, ANNA
Address: 725 NE 12TH ST
City-St-Zip: CRYSTAL RIVER, FL 34428

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: MICHAEL MINTON

MGRM

01/15/2009

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