

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90228 005 ***138.75

DOCUMENT # L07000023348

1. Entity Name
THE LEARNING CURVE, LLC



Principal Place of Business
**51 FAIRCHILD STREET
BABSON PARK, FL 33827 US**

Mailing Address
**51 FAIRCHILD STREET
BABSON PARK, FL 33827 US**

60022669

2. Principal Place of Business - No P.O. Box #
6294 Cypress Gardens Blvd
Suite, Apt. #, etc.

3. Mailing Address
6294 Cypress Gardens Blvd
Suite, Apt. #, etc.

City & State
Winter Haven FL
Zip
33884
Country
USA

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Winter Haven, FL
Zip
33884
Country
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02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
45-0553032
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**THE LAW OFFICE OF DANA Y. MOORE, LLC,
332 THIRD STREET N.W.
WINTER HAVEN, FL 33881**
New Address

7. Name and Address of New Registered Agent
Name **Same - Dana Y. Moore, LLC**
Street Address (P.O. Box Number is Not Acceptable)
615 East Parker St
City **Bartow** FL Zip Code **33830**

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 reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BISHOP, LINDA J 51 FAIRCHILD STREET BABSON PARK, FL 33827 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linda J Bishop* **Linda J Bishop** **2-22-07 863-325-8130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #