

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000044535

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** CAPSTONE EDUCATIONAL SERVICES, LLC

**Current Principal Place of Business:**

225 FIFTH AVENUE  
SUITE 7  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

225 5TH AVE STE 7  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:** 26-0212845      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CLARK, DAVID C  
1901 HIGHWAY ALA  
INDIAN HARBOUR BEACH, FL 32937      US

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

CLARK, DAVID C  
225 5TH AVE SUITE 4  
INDIALANTIC, FL 32903      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: DAVID C. CLARK

05/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CLARK, TERRI W  
**Address:** 225 FIFTH AVENUE, SUITE 7  
**City-St-Zip:** INDIALANTIC, FL 32903 US

**Title:** MGRM  
**Name:** CLARK, DAVID C  
**Address:** 225 FIFTH AVENUE, SUITE 7  
**City-St-Zip:** INDIALANTIC, FL 32903 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: TERRI W. CLARK

MGR

05/01/2010

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