

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058608

**FILED**  
**Feb 05, 2009**  
**Secretary of State**

**Entity Name:** OPTIMUM ASSOCIATES, LLC.

**Current Principal Place of Business:**

1575 PAUL RUSSELL ROAD  
SUITE 701  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

5009 NEPTUNE LANE  
FORT LAUDERDALE, FL 33312 US

**Current Mailing Address:**

1575 PAUL RUSSELL ROAD  
SUITE 701  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

5009 NEPTUNE LANE  
FORT LAUDERDALE, FL 33312 US

**FEI Number:** 26-0291404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SORENSEN, BENJAMIN S  
1575 PAUL RUSSELL ROAD  
SUITE 701  
TALLAHASSEE, FL 32301 US

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

SORENSEN, BENJAMIN S  
5009 NEPTUNE LANE  
FORT LAUDERDALE, FL 3312 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: BENJAMIN S. SORENSEN

02/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SORENSEN, BENJAMIN S  
Address: 1575 PAUL RUSSELL ROAD SUITE 701  
City-St-Zip: TALLAHASSEE, FL 32301 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SORENSEN LEARNING, I, NC.  
Address: 5009 NEPTUNE LANE  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

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: BENJAMIN S. SORENSEN

PRES

02/05/2009

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