

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067472

FILED  
Apr 26, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1885 MEDITERRANEAN ROAD  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

1885 MEDITERRANEAN ROAD WEST  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

1885 MEDITERRANEAN ROAD  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

1885 MEDITERRANEAN ROAD WEST  
WEST PALM BEACH, FL 33406

FEI Number: 26-0481449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOWMAN, WILLIAM R JR, ESQ  
SHUFFIELDLOWMAN  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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: MGR ( ) Delete  
Name: COX, PATRICIA L  
Address: 1885 MEDITERRANEAN ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COX, PATRICIA L  
Address: 1885 MEDITERRANEAN ROAD WEST  
City-St-Zip: WEST PALM BEACH, FL 33406

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: PATRICIA L. COX

MGR

04/26/2009

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