


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jun 02, 2008 8:00 am
Secretary of State

04-28-2008 90037 013 ***138.75

DOCUMENT # L07000067570			
1. Entity Name VOLUSIA EDUCATORS LLC			
Principal Place of Business 2582 ENTERPRISE RD ORANGE CITY, FL 32763		Mailing Address 2582 ENTERPRISE RD ORANGE CITY, FL 32763	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUTCHINSON, ROBERT 2582 ENTERPRISE RD ORANGE CITY, FL 32763		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ DATE: _____ <small>(Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUTCHINSON, ROBERT 2582 ENTERPRISE RD ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUTCHINSON, ROBIN 2582 ENTERPRISE RD ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 808, Florida Statutes.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 5 March 2007 386-774-1446 <small>Daytime Phone #</small>	

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02282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0431301 Applied For Not Applicable

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