

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072668

FILED
May 02, 2009
Secretary of State

Entity Name: NATIONAL CONTINUING EDUCATION SERVICES L.L.C.

Current Principal Place of Business:

805 BAYSHORE DRIVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

805 BAYSHORE DRIVE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 75-3260015 **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:

PUTZE, MICHAEL
805 BAYSHORE DRIVE
TARPON SPRINGS, FL 34689 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: MGRM () Delete
Name: PUTZE, MICHAEL
Address: 805 BAYSHORE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: MILEY, JEFF
Address: 5910 CANDY TUFT PHEE
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM () Delete
Name: SADIQ, FRANCIS
Address: 8405 PINE THRUST WAY
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: JEFFREY ROHALY, MACK
Address: 241 COXCOMB HILL ROAD #30
City-St-Zip: NEW KENSINGTON, PA 15068

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL PUTZE

MGRM

05/02/2009

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