

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082047

FILED
Mar 24, 2009
Secretary of State

Entity Name: ENTOURAGE EDUCATIONAL, LLC

Current Principal Place of Business:

925 SKYE LANE
PALM HARBOR, FL 33786

New Principal Place of Business:

Current Mailing Address:

925 SKYE LANE
PALM HARBOR, FL 33786

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASKILL, ALBERT R
925 SKYE LANE
PALM HARBOR, FL 33786 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: GASKILL, ALBERT
Address: 925 SKYE LANE
City-St-Zip: PALM HARBOR, FL 33786

Title: MGRM (X) Delete
Name: WHEATON, JAY
Address: 309 BRENTWOOD DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGRM (X) Delete
Name: ARNOLDI, CHRISTOPHER
Address: 3111 W DE LEON ST. #4
City-St-Zip: TAMPA, FL 33609

Title: MGRM (X) Delete
Name: GREGORY, SETH
Address: 8313 WILDSRING PARKWAY
City-St-Zip: JOLIET, IL 60431

Title: MGRM (X) Delete
Name: JACKSON, BRANDON
Address: 3111 W DE LEON ST #44
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GASKILL, ALBERT
Address: 925 SKYE LANE
City-St-Zip: PALM HARBOR, FL 33786

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

Title: () Change () Addition
Name:
Address:
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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: ALBERT GASKILL

MGR

03/24/2009

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