

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082072

**FILED**  
**Jun 01, 2009**  
**Secretary of State**

**Entity Name:** STUDY BREAK LLC

**Current Principal Place of Business:**

18109 PARADISE POINT DR.  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 46025  
TAMPA, FL 33646

**New Mailing Address:**

**FEI Number:** 51-0649233      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

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

MORRIS, RAYMOND CEO  
18109 PARADISE POINT DRIVE  
TAMPA, FL 33647 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MORRIS, MYLA CEO  
Address: P.O.BOX 46025  
City-St-Zip: TAMPA, FL 33646

Title: MGRM ( ) Delete  
Name: MORRIS, RAYMOND CEO  
Address: P.O.BOX 46025  
City-St-Zip: TAMPA, FL 33646

**ADDITIONS/CHANGES:**

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: RAYMOND MORRIS

CEO

06/01/2009

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