

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000087468

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** GREEN GABLES LEARNING TREE, LLC

**Current Principal Place of Business:**

162 NW GWEN LAKE AVENUE  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

162 NW GWEN LAKE AVENUE  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 33-1189076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, SARA-JO  
162 NW GWEN LAKE AVENUE  
LAKE CITY, FL 32055 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  
Name: ROBERTS, SARA-JO N  
Address: 347 SE OAT PLACE  
City-St-Zip: LAKE CITY, FL 32025

I hereby 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: SAR-JO ROBERTS

MRGM

04/08/2011

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