

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092331

FILED  
Jul 03, 2008  
Secretary of State

**Entity Name:** AGGRESSION MANAGEMENT INSTITUTE, LLC.

**Current Principal Place of Business:**

601 N. NEW YORK AVENUE  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2395  
WINTER PARK, FL 32790 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

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

CLARK, SCOTT D  
655 W. MORSE BOULEVARD  
SUITE 212  
WINTER PARK, FL 32789 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: MGR ( ) Delete  
Name: BYRNES, JOHN D DR.  
Address: 905 LOTUS VISTA DRIVE, SUITE 302  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGR ( ) Delete  
Name: ALVAREZ, JOE A JR.  
Address: 601 N. NEW YORK AVENUE  
City-St-Zip: WINTER PARK,, FL 32789 US

**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: JOHN D. BYRNES

MGR

07/03/2008

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