

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094290

FILED
Feb 08, 2008
Secretary of State

Entity Name: LITTLE ACHIEVERS LEARNING CENTER, LLC

Current Principal Place of Business:

15622 PERDIDO DR.
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

15622 PERDIDO DR.
ORLANDO, FL 32828 US

New Mailing Address:

FEI Number: 26-0903892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OUTING, DAVID L
15622 PERDIDO DR.
ORLANDO, FL 32828 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: MGR () Delete
Name: OUTING, APRIL L
Address: 15622 PERDIDO DR.
City-St-Zip: ORLANDO, FL 32828 US

Title: MGR () Delete
Name: OUTING, DAVID L
Address: 15622 PERDIDO DR.
City-St-Zip: ORLANDO, FL 32828 US

Title: MGR () Delete
Name: THE FATHER'S HOUSE I, NT'L FELLOWSHI P
Address: 15622 PERDIDO DR.
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES:

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

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

Title: ASOC (X) Change () Addition
Name: OUTING, DAVID L II
Address: 15622 PERDIDO DR.
City-St-Zip: ORLANDO, FL 32828 US

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: DAVID L OUTING

MGR

02/08/2008

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