

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117597

FILED
Apr 14, 2009
Secretary of State

Entity Name: APPLIED ACADEMICS LLC

Current Principal Place of Business:

509 TUSCANNY PARK LOOP
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

509 TUSCANNY PARK LOOP
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 35-2335112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTTERNESS, BLAISE
509 TUSCANNY PARK LOOP
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

OTTERNESS, SABRA
509 TUSCANNY PARK LOOP
BRANDON, FL 33511 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: SABRA OTTERNESS

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OTTERNESS, SABRA
Address: 509 TUSCANNY PARK LOOP
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Delete
Name: OTTERNESS, BLAISE
Address: 509 TUSCANNY PARK LOOP
City-St-Zip: BRANDON, FL 33511 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: SABRA OTTERNES

PRES

04/14/2009

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