

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012198

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** MED-SKILLS LEARNING CENTER LLC

**Current Principal Place of Business:**

219 MAGNOLIA AVENUE  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

219 MAGNOLIA AVENUE  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 26-1946019      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOMONACO, LINDA  
6211 YOSEMITE DRIVE  
PORT ORANGE, FL 32127 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:** LOMONACO, LINDA  
**Address:** 6211 YOSEMITE DRIVE  
**City-St-Zip:** PORT ORANGE, FL 32127 US

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: LINDA LOMONACO      MGRM      03/09/2010

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