

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045902

FILED
May 07, 2009
Secretary of State

Entity Name: VICTORY PERFORMING ARTS ACADEMY LLC

Current Principal Place of Business:

5783 ROLYAT RD.
PACE, FL 32571 US

New Principal Place of Business:

Current Mailing Address:

5783 ROLYAT RD.
PACE, FL 32571 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:

DANIELS, PATRICIA P
5783 ROLYAT RD.
PACE, FL 32571 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: DANIELS, PATRICIA P
Address: 5775 ROLYAT RD.
City-St-Zip: PACE, FL 32571 US

Title: MGRM () Delete
Name: DANIELS, NICOLE P
Address: 5775 ROLYAT RD.
City-St-Zip: PACE, FL 32571

Title: MGRM () Delete
Name: DANIELS, MELVIN W
Address: 5775 ROLYAT RD.
City-St-Zip: PACE, FL 32571 US

ADDITIONS/CHANGES:

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

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: MELVIN W. DANIELS

MGR

05/07/2009

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