

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056316

**FILED**  
**Feb 12, 2009**  
**Secretary of State**

**Entity Name:** NOAH'S ARK ACADEMY, LLC

**Current Principal Place of Business:**

26925 PIVA CT  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

27500 RIVERVIEW CENTER BLVD  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

26925 PIVA CT  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 26-2758339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, GREGG A  
2220 KANSAS ST  
TITUSVILLE, FL 32780 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: WILLIAMS RHEINER, ANGELIA  
Address: 26925 PIVA CT  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR ( ) Delete  
Name: WINN, JOE R  
Address: 9895 CITADEL LN UNIT#105  
City-St-Zip: BONITA SPRINGS, FL 34135

**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:** ANGELIA WILLIAMS RHEINER

MGR

02/12/2009

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