

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061150

FILED
Feb 27, 2009
Secretary of State

Entity Name: EDUCATOR'S PROFESSIONAL DEVELOPMENT LLC

Current Principal Place of Business:

4009 CONCORD WAY
PLANT CITY, FL 33566

New Principal Place of Business:

1518 ROLLING MEADOW DR.
VALRICO, FL 33594

Current Mailing Address:

4009 CONCORD WAY
PLANT CITY, FL 33566

New Mailing Address:

1518 ROLLING MEADOW DR.
VALRICO, FL 33594

FEI Number: 26-2872554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARRETT, BARBARA M
4009 CONCORD WAY
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

JARRETT, BARBARA M
1518 ROLLING MEADOW DR.
VALRICO, FL 33594 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:

02/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JARRETT, BARBARA M
Address: 4009 CONCORD WAY
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JARRETT, BARBARA M
Address: 1518 ROLLING MEADOW DR.
City-St-Zip: VALRICO, FL 33594

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: BARBARA JARRETT

MGR

02/27/2009

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