

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090265

FILED
Apr 28, 2009
Secretary of State

Entity Name: CREATE LEARN INSPIRE, LLC

Current Principal Place of Business:

12008 52ND CT
PARRISH, FL 34219

New Principal Place of Business:

12008 52ND CT E
PARRISH, FL 34219

Current Mailing Address:

12008 52ND CT
PARRISH, FL 34219

New Mailing Address:

PO BOX 708
PARRISH, FL 34219

FEI Number: 26-3414120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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 () Delete
Name: CAMPBELL, JASON
Address: 12008 52ND CT
City-St-Zip: PARRISH, FL 34219

Title: MGRM () Delete
Name: THOMAS, ANN-MARIA
Address: 12429 DRAYTON DRIVE
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM () Delete
Name: CHAPMAN, DIANE
Address: 13400 74TH AVE.
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAMPBELL, JASON D
Address: 12008 52ND CT E
City-St-Zip: PARRISH, FL 34219

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: JASON D. CAMPBELL

MGRM

04/28/2009

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