

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091675

FILED  
Jul 10, 2009  
Secretary of State

Entity Name: AUTHENTIC EDUCATING LLC

## Current Principal Place of Business:

416 NORTH SAMS SOUCI AVE  
DELAND, FL 32720

## New Principal Place of Business:

416 NORTH SANS SOUCI AVE  
DELAND, FL 32720

## Current Mailing Address:

416 NORTH SAMS SOUCI AVE  
DELAND, FL 32720

## New Mailing Address:

416 NORTH SANS SOUCI AVE  
DELAND, FL 32720

FEI Number: 26-3294967      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

LEAHY, ROBERT M  
416 NORTH SAMS SOUCI AVE  
DELAND, FL 32720      US

## Name and Address of New Registered Agent:

LEAHY, ROBERT M  
416 NORTH SANS SOUCI AVE  
DELAND, FL 32720      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: ROBERT M. LEAHY

07/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: LEAHY, ROBERT M  
Address: 416 NORTH SAMS SOUCI AVE  
City-St-Zip: DELAND, FL 32720

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: LEAHY, ROBERT M  
Address: 416 NORTH SANS SOUCI AVE  
City-St-Zip: DELAND, FL 32720

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: ROBERT M. LEAHY

MGR

07/10/2009

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