

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092995

FILED  
Jul 07, 2009  
Secretary of State

**Entity Name:** ANGER CONFLICT EDUCATION, LLC

**Current Principal Place of Business:**

1705 BEACON STREET  
NEW SMYRNA BEACH, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

1705 BEACON STREET  
NEW SMYRNA BEACH, FL 33169

**New Mailing Address:**

FEI Number: 26-3666724      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:**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DROTER, GEORGE M  
Address: 1705 BEACON STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 33169

Title: S ( ) Delete  
Name: DROTER, GEORGE M  
Address: 1705 BEACON STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 33169

**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: G. MICHAEL DROTER

MG

07/07/2009

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