

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000094615

**FILED**  
**Jun 07, 2011**  
**Secretary of State**

**Entity Name:** K SQUARED EDUCATIONAL SERVICES, LLC

**Current Principal Place of Business:**

2411 NW 41ST STREET  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

4137 N.W. 32ND STREET  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

2411 NW 41ST STREET  
GAINESVILLE, FL 32605 US

**FEI Number:** 26-3535228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FREY, KRISTA L  
2411 NW 41ST STREET  
GAINESVILLE, FL 32609 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:** CEO  
**Name:** BIRDSEY, KRISTIN D  
**Address:** 2411 NW 41ST ST  
**City-St-Zip:** GAINESVILLE, FL 32606 US

**Title:** COO  
**Name:** FREY, KRISTA L  
**Address:** 2411 NW 41ST ST  
**City-St-Zip:** GAINESVILLE, FL 32606 US

**Title:** T  
**Name:** RUBIN, SUSAN  
**Address:** 2411 NW 41ST ST  
**City-St-Zip:** GAINESVILLE, FL 32606

I hereby 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:** KRISTA L FREY

COO

06/07/2011

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