

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106186

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** AKT LEARNING CENTERS, LLC

**Current Principal Place of Business:**

9016 SW COUNTY ROAD 240  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

9016 SW COUNTY ROAD 240  
LAKE CITY, FL 32024

**New Mailing Address:**

**FEI Number:** 26-4059401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS JENKINS, SOMER  
9016 SW COUNTY ROAD 240  
LAKE CITY, FL 32024 US

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

JENKINS, SOMER R MRS.  
9016 SW COUNTY ROAD 240  
LAKE CITY, FL 32024 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: SOMER R. JENKINS

02/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: JENKINS, SOMER R

Address: 9016 SW COUNTY ROAD 240

City-St-Zip: LAKE CITY, FL 32024

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: SOMER R. JENKINS

MGRM

02/22/2010

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