

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109807

FILED
Apr 27, 2009
Secretary of State

Entity Name: LEAP FOR LEARNING LLC

Current Principal Place of Business:

13733 NW 15 ST
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

13733 NW 15 ST
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 26-3782820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSINA, MICHELLE
807 SW 8 TERRACE
FT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

WOLFE, STEPHEN
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: STEPHEN WOLFE

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOLFE, BONNIE
Address: 13733 NW15 ST
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: WOLFE, STEPHEN
Address: 343 ALMERIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: BONNIE WOLFE

MGRM

04/27/2009

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