

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000110438

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

**Entity Name:** UNSER EDUCATIONAL SERVICES, LLC

**Current Principal Place of Business:**

769 CRESTWOOD DR.  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

11317 SHADOW MOSS CT  
SPRING HILL, FL 34609

**Current Mailing Address:**

769 CRESTWOOD DR.  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

11317 SHADOW MOSS CT  
SPRING HILL, FL 34609

**FEI Number:** 26-3766766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNSER, SARA J  
769 CRESTWOOD DR.  
ST. AUGUSTINE, FL 32086 US

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

UNSER, SARA J  
11317 SHADOW MOSS CT  
SPRING HILL, FL 34609 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: SARA J UNSER

04/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: UNSER, SARA J  
Address: 11317 SHADOW MOSS CT  
City-St-Zip: SPRING HILL, FL 34609

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: SARA J UNSER

MGRM

04/04/2010

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