

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009886

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** ACADEMIC LEARNING SERVICES, LLC

**Current Principal Place of Business:**

483 NEWTON RD  
PORT ORANGE, FL 321276795

**New Principal Place of Business:**

**Current Mailing Address:**

483 NEWTON RD  
PORT ORANGE, FL 321276795

**New Mailing Address:**

**FEI Number:** 26-4109276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WALTER, PAMELA K  
483 NEWTON RD  
PORT ORANGE, FL 321276795 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: MGRM  
Name: WALKER, PAMELA K  
Address: 483 NEWTON RD  
City-St-Zip: PORT ORANGE, FL 321276795

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: PAMELA K. WALKER

MGRM

02/16/2010

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