

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009886

**FILED**  
**Feb 22, 2011**  
**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:**

483 NEWTON RD  
PORT ORANGE, FL 32127 US

**Current Mailing Address:**

483 NEWTON RD  
PORT ORANGE, FL 321276795

**New Mailing Address:**

483 NEWTON RD  
PORT ORANGE, FL 32127 US

**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:**

WALTER, PAMELA K  
483 NEWTON RD  
PORT ORANGE, FL 32127 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:

02/22/2011

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 32127 US

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 WALKER

MGRM

02/22/2011

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