

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067114

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** CENTER FOR INSTRUCTIONAL DESIGN & TECHNOLOGY, LLC

**Current Principal Place of Business:**

424 E. CENTRAL BLVD. STE 174  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

424 E. CENTRAL BLVD. STE 174  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GARDNER, CHRISTOPHER  
424 E. CENTRAL BLVD. STE 174  
ORLANDO, FL 32801 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:** ORENGO, ANTONIO  
**Address:** 9333 SPRING VALE DR  
**City-St-Zip:** ORLANDO, FL 32825

**Title:** MGRM  
**Name:** GARDNER, CHRISTOPHER  
**Address:** 1006 NE 11 STREET  
**City-St-Zip:** FORT LAUDERDALE, FL 33304

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:** CHRISTOPHER LEE GARDNER

MGRM

04/27/2012

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