

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084975

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** ACADEMIC AFTERCARE, LLC

**Current Principal Place of Business:**

620 S. SWANN AVE.  
SUITE C  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4030 HENDERSON BLVD.  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 94-3487302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIORIO, JACQUELINE D  
620 S. SWANN AVE.  
SUITE C  
TAMPA, FL 33609 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:** DIORIO, JACQUELINE D  
**Address:** 620 S. SWANN AVE. STE. C  
**City-St-Zip:** TAMPA, FL 33609

**Title:** MGRM  
**Name:** DIORIO, JACQUELINE D  
**Address:** 4030 HENDERSON BLVD  
**City-St-Zip:** TAMPA, FL 33629

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:** J. DENISE DIORIO

OWNE

04/19/2012

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