

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000115206

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN INSTITUTE OF PROFESSIONAL EDUCATION, LLC

**Current Principal Place of Business:**

4828 BLANDING BOULEVARD, SUITE 2  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4828 BLANDING BOULEVARD, SUITE 2  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 27-1417262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER WHITE BOGGS P.A.  
50 NORTH LAURA STREET, SUITE 2800  
ATTN: DANIEL B. NUNN, JR.  
JACKSONVILLE, FL 32202 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: MGR  
Name: MCGURRIN, JOSEPH J  
Address: 4828 BLANDING BOULEVARD, SUITE 2  
City-St-Zip: JACKSONVILLE, FL 32210

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: JOSEPH J. MCGURRIN

MGR

02/01/2010

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