

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000045810

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** WILLIAMS EDUCATION AND ENRICHMENT PROGRAM LLC

**Current Principal Place of Business:**

8580 SW 23RD CT  
MIRAMAR, FL 33025

**New Principal Place of Business:**

9050 PINES BLVD  
STE 425  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

PO BOX 245336  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

9050 PINES BLVD  
STE 425  
PEMBROKE PINES, FL 33024

**FEI Number:** 27-2485169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAX RESOURCE CENTER OF FLORIDA  
20401 NW 2ND AVE  
SUITE 103  
MIAMI, FL 33169 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:** WILLIAMS, TAMEKA  
**Address:** 9050 PINES BLVD STE 425  
**City-St-Zip:** PEMBROKE PINES, FL 33024

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:** TAMEKA WILLIAMS

MGRM

04/15/2011

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