

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000066079

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

**Entity Name:** NEURONET LEARNING LLC

**Current Principal Place of Business:**

101 SE 2ND PLACE  
SUITE 201-H  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

747 SW 2ND AVE  
IMB 19  
GAINESVILLE, FL 32601 US

**Current Mailing Address:**

101 SE 2ND PLACE  
SUITE 201-H  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

747 SW 2ND AVE  
IMB 19  
GAINESVILLE, FL 32601 US

**FEI Number:** 27-2892797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROWE, JONATHAN  
382 MAGUIRE VILLAGE  
APT 5  
GAINESVILLE, FL 32603 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:** ROWE, JONATHAN  
**Address:** 382 MAGUIRE VILLAGE, APT 5  
**City-St-Zip:** GAINESVILLE, FL 32603 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:** JONATHAN ROWE

MGRM

01/19/2012

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