

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000078227

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** THE SUCCESS EMPOWERMENT INSTITUTE (THESEI) LLC

**Current Principal Place of Business:**

THE CENTRE- 9900 STIRLING ROAD  
2ND FLOOR  
COOPER CITY, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

THE CENTRE- 9900 STIRLING ROAD  
SUITE # 408  
COOPER CITY, FL 33024

**New Mailing Address:**

FEI Number: 80-0638623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARTER, NICOLE L MS.  
THE CENTRE- 9900 STIRLING ROAD  
SUITE # 408  
COOPER CITY, FL 33024 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: CARTER, NICOLE L MS.  
Address: THE CENTRE- 9900 STIRLING ROAD, 2ND FLOOR  
City-St-Zip: COOPER CITY, FL 33024 US

Title: MGRM  
Name: WASSERMAN, KELLY G MRS.  
Address: THE CENTRE- 9900 STIRLING ROAD, 2ND FLOOR  
City-St-Zip: COOPER CITY, FL 33024 US

Title: MGRM  
Name: CUNNINGHAM, MATTHEW L MR.  
Address: THE CENTRE- 9900 STIRLING ROAD, 2ND FLOOR  
City-St-Zip: COOPER CITY, FL 33024 US

Title: MGRM  
Name: CHAO, SAMUEL C MR.  
Address: THE CENTRE- 9900 STIRLING ROAD, 2ND FLOOR  
City-St-Zip: COOPER CITY, FL 33024 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: NICOLE L. CARTER

MGRM

04/28/2011

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