

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000117594

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** HANDS ON LEARNING EDUCATIONAL SERVICES LLC

**Current Principal Place of Business:**

1280 FREIL RD  
PALM BAY, FL 32905

**New Principal Place of Business:**

1280 FREIL RD NE  
PALM BAY, FL 32905

**Current Mailing Address:**

1280 FREIL RD  
PALM BAY, FL 32905

**New Mailing Address:**

1280 FREIL RD NE  
PALM BAY, FL 32905

FEI Number: 27-4301397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OWENS, THOMAS P  
1280 FREIL RD  
PALM BAY, FL 32905 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: MR  
Name: OWENS, THOMAS P  
Address: 1280 FREIL RD. NE,  
City-St-Zip: PALM BAY, FL 32905

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: THOMAS P. OWENS

MR

02/20/2012

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