

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047421

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** OCEAN WISE LEARNING, LLC

**Current Principal Place of Business:**

693 DODECANESE BLVD.  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

311 WEST LIME STREET  
TARPON SPRINGS, FL 34689 US

**Current Mailing Address:**

693 DODECANESE BLVD.  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

311 WEST LIME STREET  
TARPON SPRINGS, FL 34689 US

**FEI Number:** 45-3678860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KARISTINOS, ANESTIS  
693 DODECANESE BLVD.  
TARPON SPRINGS, FL 34689 US

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

KARISTINOS, ANESTIS  
311 WEST LIME STREET  
TARPON SPRINGS, FL 34689 US

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: ANESTIS KARISTINOS

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KARISTINOS, ANESTIS  
Address: 311 WEST LIME STREET  
City-St-Zip: TARPON SPRINGS, FL 34689 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: ANESTIS KARISTINOS

MGRM

04/30/2012

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