

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000054900

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

**Entity Name:** HOME LEARNING INSTITUTE LLC

**Current Principal Place of Business:**

2030 SW 71 TERRACE  
C11  
DAVIE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

2030 SW 71 TERRACE  
C11  
DAVIE, FL 33317

**New Mailing Address:**

**FEI Number:** 45-2212819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVESTRE, MICHELLE  
2030 SW 71 TERRACE  
DAVIE, FL 33317 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: SILVESTRE, MICHELLE  
Address: 2030 SW 71 TERR #C11  
City-St-Zip: DAVIE, FL 33317

Title: MGRM  
Name: PEYTON, ANTIA  
Address: 2030 SW 71 TERR #C11  
City-St-Zip: DAVIE, FL 33317

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: MICHELLE SILVESTRE

MGRM

03/30/2012

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