

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000098687

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** ALPHA OMEGA EDUCATION LLC

**Current Principal Place of Business:**

304 INDIAN TRACE  
315  
WESTON, FL 33326

**New Principal Place of Business:**

2950 CYPRESS CREEK RD  
202  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

304 INDIAN TRACE  
315  
WESTON, FL 33326

**New Mailing Address:**

2950 CYPRESS CREEK RD  
202  
FT LAUDERDALE, FL 33309

**FEI Number:** 45-5123013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PITTS, WALTER A  
107 135TH AVE  
BLD 14 #103  
PLANTATION, FL 33325 US

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

PITTS, WALTER A  
2320 VINTAGE DRIVE  
LIGHTHOUSE POINT, FL 33064 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: WALTER PITTS

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PITTS, WALTER A  
Address: 2320 VINTAGE DRIVE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: WALTER PITTS

MGRM

04/24/2012

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